V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08644
1. PLACE OF DEATH	@
County Carroll	Registration Dist. No. 76
Village or City New Westweller	No. St Word
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
(. H. a. D. ) /	ds. How long in U.S. if of foreign birth?yrs,mos,ds,
2. FULL NAME Still John	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Jugar 3 cd 1934
5a. If married, widowed, or divorced	(Mooth) (Day) (Yeer)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
A A god in	, 19, to, 19
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than	I last saw h; death is said
I day,hrs.	to have occurred on the date stated ebove, att  The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or perticular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	18/01/18/19
9. Industry or business in which	
SAW MILL, BANK, etc	4
Spont III tills	
lan oel-	Other Contributory Canses of Importance;
12. BIRTHPLACE (city or town). WMLL Very (State or country)	
- Pha	
E June 1 June 1	
(State or country)	Name of operation Date of
15. MAIDEN NAME Merry Del Melise.	What test confirmed diegnosis? Was there an au'opsy?  23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME May Melvey.  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Steeles Delies	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION AREMOVAL	Manner of injury
Place M. Menulles Date Megrel J. 1936	Nature of injury
19. UNDERTAKER (Address) Carly Bulley	24. Was disease or injury in any way related to occupation of deceased?
20. FILED S. 3. 19. 3. Howards Registral	(Signed) Solver M. D.  (Address) M. D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II		
The principal cause of of importance were as in Arterioselerosis	death and related causes		The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset	
Chronic interstitial nephri	tis	1921	Run over by street ear	1 week ago	
Cerebral hemorrhage	SEP 6 1900	July 5,1927	Peritonitis	3 days ago	
	RITREAU V. S.				
Other contributory can	ses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

V. S. No. 1 N. B.—V

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08645
1. PLACE OF DEATH	93-0
County Carroll Co.	Registration Dist. No.
Village or City Theron Bride Dest	NoSt.,Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos,	Sa do.
2. FULL NAME Charles Oscor (	If U.S. Veteran specify WAR.
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
B. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
male (Olile OR DivoRCED (write the word)	8 2 5 193 5
ia. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Gor, WIFE of Hessie Balcer	22. I HEREBY CERTIFY, That I attended deceased from
5. DATE OF BIRTH (month, day, and year) 1882 aug 16	I last saw h. Son alive on & 8 19.3.5 ; death is said
AGE Years (2) Months Days If LESS than	to have occurred on the date stated above, at
5 3	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular	Date of onset
kind of work done, as SPINNER, Jarme SAWYER, BOOKKEEPER, etc	Chrome Myocardety 2
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and this occupation (month and this occupation this spent in this	
12. BIRTHPLACE (city or town) Latton	Other Coutributory Causes of Importance:
(State or country)	
13. NAME Chas a. Balar	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME UNICUOUN	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town). Wulcuown	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT YESSEE Dater (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Reformed	Manner of Injury
Place Lavey lown Date 8- 47, 1935	Nature of injury
19. UNDERTAKER OF TOURS & SAN (Address) Tomes Lam and	24. Was disease or injury in any way related to occupation of deceased?
a. 1 1- 8 2 9 1011	(Signed) (Signed) M. D.
20. FILEBULGAL , 19 Refused.	(Address)
	7

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage GFP 5 1300 V S.	July 5,1927	Peritonitis ·	3 days ago	
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

	infor-
1	of
1	item
	Every
	RECORD.
MARGIN RESERVED FOR BINDING	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-
OR	V
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BSBR	INK
AARGIN R	UNFADING
Î	WITH
•	LAINLY,
. No. 1	B.—WRITE P
53	ż

		STATE C			CERTIFICATE OF DEATH	C	
1	. PLACE OF		Maryla		culosis Sanatorium USU4	0	
	County C	arpoll			red Branch 23 Registration Dist. No. 74		
	Village or Cit	ty Henryton,	Marylan	d.	NDSt.,	Ward	
	Length of resid	ence in city or town where	death occurred	yrs6 (If	death occurred in a horpital or institution, give its NAME instead of street and number of the long in U.S. if of foreign birth?	er)	
	. FULL NAN	3/10-00-00+			WAR SERVICE NONE	2	
2		e: No. 200 Dela		e Sali	sbury, Wiwamico Co., Md.		
	(a) Residenc	e: No. 200 DO 10	(Usual place	of abode)	If nonresident give city or town and State		
	PERSON	AL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH		
	emale	4. COLOR OR RACE Colored	5. SINGLE, MARI OR DIVORCED MAI'I	RIED, WIDOWED, O (write the word)	21. DATE OF DEATH August 12, 1935 (Month) (Day)	(Year)	
5a.	If married, widowe HUSBAND of (or) WIFE of	d, or divorced George	Bell		Jan., 30, 1935, Aug., 12, 1		
	6. DATE OF BIRTH (month, day, end year) May 15, 1915				er Aug 12 1935	ath is seid	
	AGE Year	manning days one years	Days	If LESS then	to have occurred on the date steted above, at 10.00 A.M.	10 3010	
	2	0 2	28	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance		
z	8. Trede, profess	sion, or perticuler ork done, as SPINNER, BDDKKEEPER, etc.	Jourge P.		Pulmonary Tuberculosis Se	pt	
T10	SAWYER, 9, Industry or b		iousewit.	<u> </u>	1.5	934	
UPA	work was	done, as SILK MILL, ., BANK, etc		_	I sales in		
OCCUPATION	10. Dete deceased		11. Total ti Un kecili	me (years) t in this เอฟอก์			
12.	BIRTHPLACE (city	4.7	Quarte		Other Coutributory Causes of importance:		
2	13. NAME	Julius Ro					
FATHER	14. BIRTHPLACE	(city or lown) Dame	es Quart	ers	Name of operation Date of Date		
-	(State or o	12.0	rland.		What test confirmed diagnosis?	sy? NO	
MOTHER	15. MAIDEN NAM	Dance	s Quart		23. If deeth wes due to externel causes (VIOLENCE) fill malso the following:  Accident, suicide, or homicide?		
Σ	(State or		rland.		Where did Injury occur?		
17. INFORMANT . John E. O'Neill, M. D.,					(Specify city or town, county end State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.		
18.	BURIAL, CREMATI	DN, OR REMOVAL	in ma		Manner of injury		
_	Plece Con	res duarter	Dete Qu	19.35	Neture of Injury		
19.	UNDERTAKER	insesofi Ne	want		24. Was disease or injury In any way related to occupation of deceased? NO		
-	(Address)	Beleston	my m	d	If so, specify		
20.	FILED	, 19. July	efto.	Meell, -	(Signed) Address II on my ton ild	M. D.	
		/ Der	outy In	Registrar.	(Address) Henryton, Ma		

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.



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	Example I	-17	Example II		
The principal cause of of importance were as	death and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	A 1935	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephri	tis SLI	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	Brossell S. 5	July 5,1927	Peritonitis	3 days ago	
C	The state of the s		e in the second		
Other contributory cau	ses of importance:		Other contributory causes of importance:	E2611	
Gallstones		May 1,1923	Gastroenteritis	1 year	
			ALL STATE OF THE PARTY OF THE P		

1.	PLACE OI					CERTIFICATE OF DEATH	647
			roll			Branch (23) Registration Dist. No. 74	4
		. He	nmartan	Manula	nd.		War
	Length of resi	dence In cit	y or town where	death occurred	O yrs 3 mo	No. St., f death occurred in a horpital or institution, give its NAME instead of street an s. 4 ds. How long in U.S. If of foreign birth?	
2	FULL NA	WE M	argaret	Cather	ine Bowi	WAR SERVICE -N	ONE
	(a) Residen	ce: No. 🚣	o weste	(Usual place		ille, Baltinore Co., Md.	nd State
	PERSON	AL AN	D STATIST	ICAL PART		MEDICAL CERTIFICATE OF DEATH	
3. S	ex Female		olored	5. SINGLE, MAR OR DIVORCE Marrie	RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH August 26, 1935	, 193 (Year)
5a.	If married, widow HUSBAND of (or) WIFE of	ed, or divo	Bert	Bowie	terresida	22. I HEREBY CERTIFY. The lattende May 22, 1935 19 to August 2	ed deceased from
6 T	ATE OF RIRTH	month day	and year May	2, 190	1	last sawh er alive on Aug., 26, 1935	death is sai
7. A	GE Yea		Months 3	Deys 24	If LESS than 1 dey hrs.	to have occurred on the dete stated above, et 2.50 A.M.  The PRINCIPAL CAUSE OF DEATH end releted causes of Importance were as follows:	
N			rticuler as SPINNER,	lousewif		Pulmonary Tuberculosis	Date of onse May
OCCUPATION	9. Industry or 1	usiness in			-	-	1935
ပ္ပ	10. Date decease		ked et	11. Totel i	time (years) nt in this upation		
12.	BIRTHPLACE (cit			sville,		Other Coutributory Causes of Importance:	
EP	13. NAME	Samu	el Crom	well			
FATH	14. BIRTHPLACE (State or	(city or to	wn) Elkr	idge, Maryland		Neme of operation Dete of What test confirmed diagnosis? Was there a	n autonou? N
2	15. MAIDEN NA	ME	Emma Sn	ith,		23. If death was due to external causes (VIOLENCE) fill in also the follow	
MOTHER	16. BIRTHPLACE (State or		wn)C	okesvil	le, Md.	Accident, suicide, or homicide?	, 19
17.	INFORMANT(Address)			eill, M.		(Specify city or town, county and S Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	tate) PLACE.
18.	Plece Plece			d Date	29 ,19 3	Menner of Injury Nature of Injury	
19.	UNDERTAKER(Address)	CO	Was a	hall	med	24. Was disease or injury in any way related to occupation of deceased?  If so, specify	No
20.	FILED8/24	1-351	9 Depi	ty Loca	Mecle. Registrar.	(Signed) Au G. Olle (Address) Penryton 11d	ell, M.

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Example I		Example II		
of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis SEP 4 1935	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

Exact statement of OCCUPA.

AGE should be stated EXACTLY. PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforproperly classified. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. V. S. No. 1

TION is very important. See instructions on back of certificate.

08648 STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLAC	ce of DEA			<u>Tuberculo</u> olored B:		anatoriu (23		74	
Villag	ge or City	ienryton		(I			Registration C	St.,	
		Brant Bu Bryanto		rles Co.	, Isd.	Ward.	NONE	VICE.	1
Dec	200111		(Usual place		1	MEDICAL	***********	ive city or town an	d State
3. SEX Male	4. COLO	or or race	5. SINGLE, MAR	RIED, WIDOWED, Q (write the word)	21. DATE	OF DEATH	August (Month)	6, 1935	_, 193(Year)
5a. If married HUSBA! (or) WI		orced			22. March	15, 193	Y CERTIFY	ıg., 6,	deceased from
6. DATE OF 7. AGE	Pirth (month, day Years 25	y, and year) Months	Days	1910 If LESS than 1 dey,hrs. or X X 2005 X		urred on the data sta	AUZ., 6,4 ted above, at 6.4 ATH end related ceuse:	OmP.M.	; death is seld
9. Indu	e, profession, or p ind of work done AWYER, BOOKKE stry or business I vork wes done, es AW MILL, BANK, deceased last wo his occupetion (m	, as SPINNER, EPER, etc n which SILK MILL, etc orked at	Labore	r me (years) nt in this	Pulm	onary Tu	berculosi	LS	Sept 1934
12. BIRTHPL (State	ACE (city or town	Bryant	own,	patown	Other Coatr	ibutory Causes of im	portance;		
14. BIRT		own) Bryar			- [	eration		Date of	autopsy? NO
16. BIRT	HPLACE (city or t State or country)	UWII)	ntown, yland, leill, M		23. If death w Accident, su Where did in	vas due to external c icide, or homicide? niury occur?	auses (VIOLENCE) fill	In also the followin	ng: , 19
-	CREMATION, OR		vaai	48 33		njury			
19. UNDERTA (Addi	(ess) 8/6/35	19 Alex	Outy Loc	Meine Registrar.	If so, specif	y (Address)	way related to occupa	5/07/	NO

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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0.0		• 172		
Other contributory causes of importance:	-0111	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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1. PLACE OF DEATH  County Available of State of County Available of State of County Available of Registration Dist. No.  Village of Styl Available of residence in city or town where death occurred and number)  (It death occurred in a hospital or institution, give its NAME instead of steet and number)  (a) Residence: No.  (b) It means that it is the state of should by the state of should be stated as stated above, and state of should be stated as stated above, and state of should be stated as stated above, and state of should be stated as stated above, and state of should be stated as stated above, and state of should be stated as stated above, and state of should be stated as stated above, and state of should be stated as stated above, and state of should be stated as stated above, and state of should be stated as stated above, and state of should be stated as stated above, and state of should be stated as stated above, and state of should be stated as stated above, and state of should be stated as stated above, and state of should be stated as stated above, and state of should be stated above, and state of should be stated above, and stated as stated above, and stated as stated above, and stated above, and stated as stated above, and stated as stated above, and sta		CERTIFICATE OF DEATH 08649
Village or Sityles  Length of residence in city or town where death occurred	1 . 1 7	
Length of residence in city or town where deeth occurred yets and numbers)  2. FULL NAME (a) Residence: No.  (b) Residence: No.  (c) Residence: No.  (d) Residence: No		Registration Dist. No. 10
Length of residence in city or town whele death occurred		No. St., Ward
(a) Residence; No. (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED, OR DYORCED (savin file word)  Sa. If married, widowed, or divorced (cor) will fee word)  Sa. If married, widowed, or divorced (cor) will fee word)  Sa. If married, widowed, or divorced (cor) will fee word)  Sa. If married, widowed, or divorced (cor) will fee word)  Sa. If married, widowed, or divorced (cor) will fee word)  Sa. If married, widowed, or divorced (cor) will fee word)  Sa. If married, widowed, or divorced (cor) will fee word)  Sa. If married, profession, or pericular (cor) and the word of the word of the date stated above, sit. (and the said to have occurred on the date stated above, sit. (b) (cor) (cor) will be said to have occurred on the date stated above, sit. (b) (cor) (co	Length of residence in city or town where deeth occurredyrsmo:	sds. How long in U.S. If of foreign birth?mosds.
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINGLE MARKIED, WIJOWED, OR DIVORCED (write fife word)  5a. If married, widowed, or divorced HIJSAND of Orly NiFe of Orl		
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIONED Comits for word)  50. If married, widowed, or divorced (or) WiFe of  50. If married, widowed, or divorced (or) WiFe of  6. DATE OF BIRTH (month, day, and year)  6. DATE OF BIRTH (month, day, and year)  6. DATE OF BIRTH (month, day, and year)  7. AGE  7. AGE  7. AGE  7. AGE  8. Trade, profession, or particular with the profession of particular with the said of work done, as SPININER, skind		
OR DAVORCED (write the world)  So. If merried, withowed, or divorced HUSBAID (Day)  1932-3  1059-11   HEREBY CEDITIFY That I attended deceased from the HUSBAID (Day)  1069-11   HEREBY CEDITIFY That I attended deceased from the have accurred on the date stated above, st. 2 t. 1   HEREBY CEDITIFY That I attended deceased from the have accurred on the date stated above, st. 2 t. 1   HEREBY CEDITIFY That I attended deceased from the have accurred on the date stated above, st. 2 t. 1   HEREBY CEDITIFY That I attended deceased from the have accurred on the date stated above, st. 2 t. 1   HEREBY CEDITIFY THAT I attended deceased from the have accurred on the date stated above, st. 2 t. 1   HEREBY CEDITIFY THAT I attended deceased from the have accurred on the date stated above, st. 2 t. 1   HEREBY CEDITIFY THAT I attended deceased from the have accurred on the date stated above, st. 2 t. 1   HEREBY CEDITIFY THAT I attended deceased from the have accurred on the date stated above, st. 2 t. 1   HEREBY CEDITIFY THAT I attended deceased from the have accurred on the date stated above, st. 2 t. 1   HEREBY CEDITIFY THAT I attended deceased from the have accurred on the date stated above, st. 2 t. 1   HEREBY CEDITIFY THAT I attended deceased from the have accurred on the date stated above, st. 2 t. 1   HEREBY CEDITIFY THAT I attended deceased from the have accurred on the date stated above, st. 2 t. 1   HEREBY CEDITIFY THAT I attended deceased from the have accurred on the date stated above, st. 2 t. 1   HEREBY CEDITIFY THAT I attended deceased from the have accurred on the date stated above, st. 2 t. 1   HEREBY CEDITIFY THAT I attended deceased from the have accurred on the date stated above, st. 2 t. 1   HEREBY CEDITIFY THAT I attended deceased from the have accurred on the date stated above, st. 2 t. 1   HEREBY CEDITIFY THAT I attended deceased from the have accurred on the date stated above, st. 2 t. 1   HEREBY CEDITIFY THAT I attended deceased from the have accurred on the date stated above, st. 2 t. 1   HEREBY CEDITIFY	PERSONAL AND STATISTICAL PARTICULARS	
8. DATE OF BIRTH (month, day, and year) PAN  7. AGE  Years  Norths  Days  1 day, hrs.  1 day, hrs.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as of forward on the date stated above, at 2 least of the date stated a	OR DIVORCED (write the word)  5a. If married, widowed, or divorced	(Day) (Year)
7. AGE  Years  Months  Days  If LESS then I day,	(or) WIFE of	1 19 To 10 CO 19 20
S. Frede, profession, or perticular that of the profession of perticular that of work done as SPINNER, SAWYER, BDDKREPFER, atc.  3. Industry or business in which work was done as SILK MILL, SAWYER, BDDKREPFER, atc.  3. Industry or business in which work was done as SILK MILL, SAWYER, BDDKREPFER, atc.  3. Industry or business in which work was done as SILK MILL, SAWYER, BDDKREPFER, atc.  3. Industry or business in which work was done as SILK MILL, SAWYER, BDDKREPFER, atc.  3. Industry or business in which work was done as SILK MILL, SAWYER, BDDKREPFER, atc.  4. Industry or business in which work was done as SILK MILL, SAWYER, BDDKREPFER, atc.  5. Industry or business in which work was done as SILK MILL, SAWYER, BDDKREPFER, atc.  6. SIRTHPLACE (city or town)  6. (State or country)  4. Industry or business of the profession of the	7. AGE Years Months Days of LESS then 1 day,hrs.	to have occurred on the date stated above, at
12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  20. FILED August 18, 1935. Thirty May behave 16.  21. Specify May behave 16.  22. Specify May related to occupation of deceased?  (Signed)  (Signed)  3. Other Contributory Crases of Arthorotrance:  (Address)  Other Contributory Crases of Arthorotrance:  (Address)  Other Contributory Crases of Arthorotrance:  Other Contributory  Other Contributo	8. Trede, profession, or perticular kind of work done, es SPINNER, SAWYER, BDDKKEEPER, atc.	Payewina of Date of onest
12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREGATION, OR REMOVAL Place  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  10. FILED August 19, 1935  10. Titled August 19, 1935  10. Specify Mether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Minimal Country occurred in INDUSTRY in HOME or in PUBLIC PLACE. (Signed)  (Signed)	Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Violet ()
12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR RENCYAL Place  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  20. FILED August 12, 19.05. Tilled August 12, 19.0	Shaut in this	
Whet test confirmed diagnosis?  Was there an autopsy?  Whet test confirmed diagnosis?  Was there an autopsy?  Was there an autopsy?  Was there an autopsy?  Was there an autopsy?  Whet test confirmed diagnosis?  Was there an autopsy?  What death was due to external causes (VIDL ENCE) fill in also tha following:  Accident, suicide, or homicide?  Date of injury.  Whare did injury occur?  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Was there an autopsy?  Was there an autopsy?  Accident, suicide, or homicide?  Specify whether injury occurr?  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Wanner of Injury.  Nature of injury.  19. UNDERTAKER  (Address)  Was there an autopsy?  Was the an autopsy?  Was there an autopsy?  Was an a		Other Contributory Crosses of Miportance:
Whet test confirmed diagnosis?  Was there an autopsy?  Whet test confirmed diagnosis?  Was there an autopsy?  Whet test confirmed diagnosis?  Was there an autopsy?  What death was due to external causes (VIDL ENCE) fill in also tha following:  Accident, suicide, or homicide?  Openity city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Was there an autopsy?  Accident, suicide, or homicide?  Specify whether injury occur?  Specify whether inj	13. NAME LIVE Quibanell	Madalow Much there y
Whare did injury occur?  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place (Address)  19. UNDERTAKER (Address)  20. FILED August 12, 1935  Whare did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of Injury Nature of injury  19. UNDERTAKER (Address)  16 so, specify (Signed)  (Signed)  (Signed)  (Signed)  (Signed)	(Stata of country)	10//11/11/11
Whare did injury occur?  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place Date  Date  Date  19. UNDERTAKER (Address)  20. FILED August 12, 1935  Whare did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of Injury Nature of injury  24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  Manner of Injury  (Signed)  (Signed)	15. MAIDEN NAME CIGNES THE	23. If death was due to external causes (VIDL ENCE) fill in also tha following:
17. INFORMANT (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place Date U.S. 12., 19.33  Manner of Injury  Nature of injury  19. UNDERTAKER (Address)  24. Was disease or injury in any way related to occupation of deceased?  (Address)  26. FILED August 12, 19.35  (Signed) (Signed) (Signed) (Signed)	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
Place Date Must 12, 1930  Nature of injury  19. UNDERTAKER (Address)  24. Was disease or injury in any way related to occupation of deceased? (Signed)  (Signed)  (Signed)	17. INFORMANT Mary Carlymans	(Specify city or town, county and State)
19. UNDERTAKER 24. Was disease or injury in any way related to occupation of deceased? 18 so, specify  20. FILED august 12, 1935 - 2004 Mehrung Jose (Signed) (Signed)	127112 1 11111 01	
20. FILED CHESCHES ST. 1901 THE CHANGE TOWN	19. UNDERTAKER OD WASHESON	24. Was disease or injury in any way related to occupation of deceased?
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	Registrar.	(Address) / Augustina with

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of leath and related causes of importance were as dilayse CE1-VE	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephrits	1921	Run over by street car	1 week ago
Cerebral hemorrhage  BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:	1 year

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1				OF MARY	YLAND-	CERTIFICATE	OF DEATH 08	3650
-		PLACE OF	00			93°C		Tils
		County	assoll	. 0 0			Registration Dist. No.	
		Village or City	Sylves	ville	(lí	death occurred in a horpital or instit	a Union, give its NAME instead of street a	ward number)
		Length of residen	ce in city or town where	death occurred	yrs6mos	ds. How long in U.S.If	of foreign birth?yrs	mosds.
	2. F	ULL NAME		es Cawl	ey			
		(a) Residence:	No. 320	S. Wood	Gear	St. Ward.		
4		PEDSONAL	_ AND STATIS	(Usual place o		Baltimore My.	If nonresident give city or town	
	3. SEX		COLOR OR RACE	S. SINGLE, MARI		21. DATE OF DEATH	A A	
	N	ble.	Weite		(write the word)	Ulua	ust 18	, 193_5
	5a. if m	narried, widowed,	or divorced	0			(Month) (Day)	(Year)
		USBAND of or) WIFE of				22. I HEREB	Y CERTIFY, That I attend	0 3-
				110 111	1807	1 last saw h_ Cm_ alive on	19,35 to 4 8 10 2	18., 19.25.
	7. AGE	E OF BIRTH (mo	nth, day, and year) / Months	Vay 14,	If LESS than	to have occurred on the date stat	1 220 A	⇒, death is said
		40	8 3	4	1 day,hrs.	The PRINCIPAL CAUSE OF DEA	TH and related causes of importance	
,	- 3	Jrade, professio	n, or particular	0 0	1 or	were as follows:	( m.k.m	Date of enset
	01		done, as SPINNER, OKKEEPER, etc	Laborer	e	Chronic my	ocardilis and	
	OCCUPATION	work was do	iness in which ne, as SILK MILL, BANK, etc	netside.	contain to	, 0	D-A	Priorte
	J 10	. Date deceased i	ast worked at	11. Total ti	me (years)	myocardia	1 degeneration	2/17/2
	0/2	year)	on (month and	spen occu	tin this pation			
	12. BIR	THPLACE (city or	r town) Ball	timore		Other Contributary Causes of imp	portance:	1910
		(State or country		mo	syland.	Epilepsy	since	1919
	표 13.	. NAME Jan	mes Cant	eig	U	0.		
		BIRTHPLACE (ci		<b></b>	- <i>aa</i>	Name of operation	Date (	N
		(State or cou	YI,-	FO DON	u and	What test confirmed diagnosis?	Was there	an autopsy?/_
	r	MAIDEN NAME	fane ni	chell			auses (VIOLENCE) fill in also the follo	
	16.	. BIRTHPLACE (ci (State or co			retand	Accident, suicide, or homicide? Where did injury occur?	Date of injury	, 19
-		Hoop	situl Records &	+ M. Mas	a. G.		(Specify city or town, county and in INDUSTRY, in HOME, or in PUBLIC	State)
	17. INF	(Address)	62 E254St	Baltima	That	Specify whether injury occurred	III INDOSTRI, III NOME, OF INTODE O	PEACE.
	18. BUF	RIAL, CREMATION	OR REMOVAL	2/	2	Manner of injury		
		Place J Jak	A COUNTY	Date	19.3.5	Nature of injury		
	19. UNI	DERTAKER W	Mrs, 66	ason -	Dom	24. Was disease or injury in any	way-related to occupation of deceased?	no
		(Address)//	01 1130	m R	5/	If so, specify		
	20. FIL	ED lug 1	8 ,1936 (1)	Horry	New	(Signed)	ayon 1	M. D.
				/	Registrar.	(Address)	Jyresville,	- California

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	İ	Example II	-
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

		PATEMENTS BY PHY	
Also - typhoid fever in 1903. M	Jas called "Juveni	le paresis in 192	3 on basis of a single
nositive Blood Vasierman and	previous heminales	is Both blood	and spinal fluid
Wisserman tests were negative	in 1927 althong	le no specific a	tiluetic treatment
was given. Both blood and	spinal Phil	were neartine	in 1935 (July 25).
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N. B.-WRITE PLA

TATE	OF	MARYLAND-CERTIFICATE	OF	DEATH	0865
	<b>U</b> .	WITH EATH OF THE			000

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08651
1. PLACE OF DEATH	(81)
County Carrol4	Registration Dist. No.
Village or City Lucy Cours	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?
(a) Residence; No.	St Ward.
(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Jonth) (Day) (Year)
5a. If mafried, widowed, or divorced HUSBAND of (or) WIFE of	1 HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) You 6, 1935	I last say h 200 alive on Que 2 1931; death is said
7. AGE Years Months Days if LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, et 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
9 Trade profession or particular	Date of onset
9. Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc	Shot Offeld lynn the
12. BIRTHPLACE (city or town) Carry	Other Contributory Causes of importance:
(State or epuntry)	to walutoun
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	Name of operation Date of What test confirmed diagnosis? What test confirmed diagnosis? What test confirmed diagnosis?
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT Stall Grables (Address)	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Nessell Stol Date light, 1935	Nature of Injury
19. UNDERTAKER Comercial (Address) and the same of the	24. Was disease or injury in any way related to occupation of deceased?  If so, specify
20. FILED St. 1900 Mary B. Well Registrar.	(Signed) M. D.  (Address) - Blunghouse M. D.  2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

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	Example I		Example II	
The principal cause of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	CEP 4 1935	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephr	his	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory can	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.

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FOR	
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stated EXACTLY. PHYSICIANS should state -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. certificate. AGE should be See instructions on back of mation should be carefully supplied. TION is very important. STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	93-0
County tarroll	Registration Dist. No.
Village or City Coradochurst	No. St., Ward
14	(If death occurred in a hospital or institution, give its NAME instead of street and number) osds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME & suma B. De M	025
(a) Residence: No. Geaderhurst	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 2 193 3 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  Amount De Moss	22. I HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) Feb 5 1852	
7. AGE Yeers Months Deys If LESS then	to heve occurred on the date steted ebove, atm.
83 5 28 1 day,hr	S. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	
a Industry or hydroges in which	Carrier- bles arelan Buran 2 man
work wes done, as SILK MILL, Horrewife SAW MILL, BANK, etc.	Chronic magazities Durotion: Pic
O 10. Date deceased lest worked at this occupation (month and year) year) occupation	Typaas Curtate
Parael Co	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
II 13. NAME Mufmon	
13. NAME VINTAGE  14. BIRTHPLACE (city or town) When the second of the s	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME Sachual Bell 16. BIRTHPLACE (city or town) Balto City  (State or country)	23. If deeth was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Balto City	Accident, sulcide, or homicide? Date of injury, 19
(Stete or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT CHAMINA CA CHAOTS (Address) Ecadurhurst Mid	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR BEMOVAL Place timbs burgem Date duy 4, 193	Manner of injury
19. UNDERTAKER I F Eline o fores	34. Was disease or injury In any way related to occupation of deceesed?
(Address) () Suistliston MA	If so, specify the specific to
20. FILED Of A , 19 The word Registrar.	(Signed) M. D.  (Address) Persters form m.
Registrar.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis CEIVED	Pate of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage   SIF 6 1999	July 5, 1927	Peritonitis	3 days ago
RUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		~~.	

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 08654
1. PLACE OF DEATH Carroll Co Village or City Union Budge M	Registration Dist. No.
	If death occurred in a hospital or institution, give its NAME instead of street and number)  isds. How long in U.S. If of foreign birth?
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  5a. If married, widowed, or divorced	21. DATE OF DEATH  (Month)  (Day)  (Year)
HUSBAND OF Latra Missouri Develbis	22. I HEREBY CERTIFY, That I attended decessed from 2-4-,1935, to 8-17-,1925
6. DATE OF BIRTH (month, day, and yeer) Sept. 21, 1853	I lest sew h Linn alive on 8-17- , 1935; death is said
7. AGE Years   Months   Oeys   If LESS than   1 day,hrs.   ormin.	to have occurred on the date stated above, at 4
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	artens Deleroses
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased lest worked at his occupation (month and spent in this	
This occupation (month end year)	
12. BIRTHPLACE (city or town) Grand Bridge. M. d. (State or country)	Other Contributory Causes of importance:
13. NAME Russ Dour Obias	
13. NAME Cauben Develoiso  14. BIRTHPLACE (city or town) (State or country)  (State or country)	Name of operation Oate of Oate of What test confirmed diagnosis? Wes there an au'opsy?
15. MAIDEN NAME Clipbeth Featherling	23. If death wes due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) (State or country) William Round	Where did injury occur?  (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)  18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Middleburg Date 20 1935	Neture of injury
19. UNDERTAKER Farmond K. Wright (Address) Union Barda Md	24. Was disease or injury In any way related to occupation of deceased?
20 FILED Descy 19, 1935 Lesling 2. Refor	(Signed) . M. Legg M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis F. FIVEU	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 5 1935	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

N. B.-WRITE PLANTLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-

STATE OF MARYL  1. PLACE OF DEATH	AND—CERTIFICATE OF DEATH 08655
County Court	Registration Dist. No. 70
Village or City Xoury Grand - 1/04	my tr-McNo. St., v
Langth of residence in city or town whare death occurredy	(If death occurred in a hospital or institution, give its NAME instead of street and number)  smos
2. FULL NAME Gatharmen	If U.S. Veteran specify WAR.
(a) Residence: No. 428 N. Joseph	
PERSONAL AND STATISTICAL PARTICUL	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, OR DIVORCED (2017)  AMAS MLA G	
5e. If matried, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased
6. DATE OF BIRTH (month, dev. and year) Oct. 30, 1	899 Heet sow how allow has are the Selection of the 1921 death in
	f LESS than to have occurred on the date stated above, at 1.115. A.m.
	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Date of
o I riade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business In which	MALINE CLESTICIEM, Mis
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.	And in contourtels on fair
0 10. Date deceased last worked at this occupetion (month and spant in the	his GAMMAIN - MIRON - ODENNALL CON
yaar) occupation	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town)	Missey Shemay 8 remagan
W 13. NAME LOUGH IN CH	Cherry har many that I may last
14. BIRTHPLACE (city or town) loller span	Mel Name of operation Date of
(Stata or country)	What test confirmed diagnosis? Was there an autopsy?_
15. MAIDEN NAME Mary Jamen -	23. If death was due to external couses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town).	Accidant, suicide, or homicida?
Samel Hunter	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Addrass) 72 N. Mun St. Cas	Specify whathar injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Tage Colour Mac Data all g. 1	S, 1933 Natura of injury
19. UNDERTAKER STERMY Gallall	24. Was disease or injury in any way related to occupation of deceased?
(Address) Augeratory	If so, spacify
20. FILED CHES. 1905 March 13. Will	(Signed) (Address) (Address) (Address)
Carrier Carrier	Registrar. (Andress)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows: EIVED  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset	
Chronic interstitial pephritis CEP 4 1035	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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STATE OF MARYLAND—CERTIFICATE OF DEATH state OCCUPA-Laryland Tuberculosis Sanatorium 1. PLACE OF DEATH Colored Branch (23) jo pluods County Carrol. Registration Dist. No. 74 Village or City Henryton, Maryland Above (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or town where death occurred Q yrs 1 mos. 5 ds. How long in U.S. if of foreign birth?.. Every statement 2. FULL NAME Addie Virginia Dishroon (a) Residence: No. Pasadena, Anne Arundel Cost., Md. Ward. RECORD. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH EXACTLY. OR DIVORCED (write the word) PERMANENT Female Colored Married classified. 5a. If marriad, widowed, or divorced HUSBAND of HEREBY CERTIFY. That I attended deceased from (or) WIFE of Solly Dishroon hug., 6. DATE OF BIRTH (month, day, and year) May 20, 1913 certificate. properly 7. AGE If LESS than to have occurred on the date stated above, at . 9 . 30 stated Years Months Days 1 day, ..... hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance 2.2 or .... min. Date of onset 8. Trade, profession, or particular Pulmonary OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc..... be Housewife back 9. Industry or business in which should may work was done, as SILK MILL, SAW MILL, BANK, etc..... At home 10. Data decaasad last worked at no 11. Total time (years) this occupation (month and Unknow) spant in this nknow that instructions WITH UNFADING Other Contributory Causes of importance: Bowie 12. BIRTHPLACE (city or town) (State or country) Marvland should be carefully supplied. terms, FATHER 13. NAME Wesley Brantford Unknown 14. BIRTHPLACE (city or town) plain Name of operation. (State or country) Maryland What test confirmed diagnosis? Was there an autopsy? Q. MOTHER Myrtle Smith important. 15. MAIDEN NAME .5 23. If death was due to external causes (VIOL ENCE) fill in also the following: Unknown Accident, suicide, or homicide? \_\_\_\_\_ Data of injury \_\_\_\_\_ 19\_\_ DEATH 16. BIRTHPLACE (city or town) (Stata or country) Where did Injury occur?\_\_\_ (Specify city or town, county and State) 'Nei Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE 17. INFORMANT JOHN very OF (Address) Henryton, Maryland 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury WRITE IS CAUSE , and Date Clug 14 , 1935 mation LION Natura of Injury 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER If so, specify

Registrar.

(Signad)....

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

S. No.

20, FILED 8

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example EIVED		Example II		
The principal cause of death and related causes of importance were as follows SEP 4 1935  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago	
Chronic interstitial nephritis BUREAU V. S.	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPA	ACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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			ГН	. PLACE OF DEAT	1.
Registra		l.	rral	County Ca	
No	e	dem	woo	Village or City	
death occurred in a hospital or institution, give its? ds. How long in U.S. If of foreign birt	(If	eath occurred	ty or town where de	Length of residence in oi	
was e	o De	x His	ulan	Y	
St. Ward.	2 .00	1000	June	FULL NAME	2.
St., Ward.	f abode)	(Usual place of	V	(a) Residence: No	
MEDICAL CERTIFIC	CULARS	CAL PARTIC	D STATISTI	PERSONAL AN	
21. DATE OF DEATH	(write the word)	5. SINGLE, MARR	R OR RACE	SEX 4. COLO	. SI
(Month)	aul		w	2 1	
22. A I HEREBY CERT	- 11		orde)	If married, widowed, or divo	ia. I
aug 2) 1 1931		un .	mo	(or) WIFE of	
i last saw her aftern Ou	5,1935	mg 2	v. and veer)	DATE OF BIRTH (month, day	6. D
to have occurred on the date stated above, at	If LESS than	Days	Months		7. A
The PRINCIPAL CAUSE OF DEATH and relate	1 day, Ohrs.				
Stillborn	7	2	articular as SPINNER	8. Trade, profession, or pr	2
	~	ujan		kind of work done, SAWYER, BOOKKEE 9, Industry or business in	PATION
Vlaceula In			SILK MILL,	work was done, as SAW MILL, BANK,	UPA
	me (years) tin this	11. Total tin	rked at	10. Date deceased last wor	0000
Other Coutributory Causes of Importance:	pation			year)	1
Other Coutributory Causes of Importance:	no	dhine	Was	BIRTHPLACE (city or town)	
		30,	KI	(State or country)	1
		wall	Du	13. NAME 202	L 2
Name of operation	and	dryl	own) Ju	14. BIRTHPLACE (city or to	PAIH
What test confirmed diagnosis?	cable	2 6 0		(State or country)	_!.
23. If death was due to externel causes (VIOLE)	rel	o Helbe	eare.	15. MAIOEN NAME	יובעו
Accident, suicide, or homicide?	lared.	raryt	own)72	16. BIRTHPLACE (city or to (State or country)	5
Where did Injury occur?(Specify	1		. 0.	(State of country)	-
Specify whether injury occurred in INOUSTRY	· La sor	li di	000	(Address)	17.
Manner of injury	-	^	REMOVAL		18.
Nature of injury	15 10 37	Date COU	Cem.	Place	
24. Was disease or injury in any way related to	cal	dires	evil.	UNDERTAKER 30	10
If so, specify		1		(Address)	43.
(Signed)	under	n Delu	1935 Dh	FILED aug 25	20.
(Address)	Parietan			11. 1	

tion Dist. No. St., Ward 1?\_\_\_\_\_\_ds. ident give city or town and State ATE OF DEATH That I attended deceased from causes of importance Date of ----- Was there an autopsy?-----CE) fill in also the following: \_\_\_\_ Date of Injury\_\_\_\_\_\_ 19\_\_\_\_\_ ity or towo, county and State) In HOME, or In PUBLIC PLACE.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	100	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year	
BURN				

STATE OF MARYLAND—CERTIFICATE OF DEATH state 1. PLACE OF DEATH plnous County Registration Dist. No. Village or City\_ occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS How long in U.S. If of foreign birth?\_\_\_\_yrs. atement S. Veteran specify WAR..... If nonresident give city or town and State (Usual place of abou Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) × PERMANENT H (Day) (Month) classified. CT 5a, if married, widowed, or divorced HUSBAND of 22. CERTIFY. That i attended deceased from (or) WIFE of × H certificate. 6. DATE OF BIRTH (month, day, and year) properly if LESS than to have occurred on the date stated above a 7. AGE Years Months stated 1 day, 8 --- hrs. The PRINCIPAL CAUSE OF DEATH or .... min. were as follows: 8. Trade, profession, or particular THIS OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.\_\_\_ Jo pluods back may 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... INK 10. Date deceased last worked et 11. Total time (years) on this occupation (month and spent in this that octupation \_\_\_\_\_ year) \_\_\_\_ UNFADING instructions 12. BIRTHPLACE (city or town) (State or country) supplied terms. FATHER 13. NAME See 14. BIRTHELACE (city or town) Name of operation. plain (State of country) carefully What test confirmed diagnosis?\_\_\_\_ MOTHER 15. MAIDEN CHARGE important. 23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?\_\_\_\_ DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?\_ should be (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE 17. INFORMANT very OF (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury WRITE 30 CAUSE mation Nature of injury LION of deceased? 19. UNDERTAKER (Address) M (Signed) (Address) Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Year)

Date of onset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows: CEIVEE	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUIDEAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones .	May 1,1923	Gastroenteritis	1 year
		14.	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	$\mathbf{BY}$	PHYSICIAN
80.						

3. SEX

7. AGE

OCCUPATION

FATHER

MOTHER important.

OF

CAUSE

LION

14. BIRTHPLACE (city or town (State or country

16. BIRTHPLACE (city or town (State\_or country)

15. MAIDEN NAME

(Address)

19. UNDERTAKER (Address)

30, FILER

Wes there an autopsy?\_ I What test confirmed diegnosis? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_\_ Date of injury \_\_\_\_\_\_ 19 \_\_\_\_ Where did injury occur?\_\_\_\_\_ Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Nature of injury 24. Wes disease or injury in env way related to occupation of deceased? If so specify Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	- li	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis   RECEIVED	1.7	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Obnania intenstitial manifesti	1921	Run over by street car	1 week ago
Cerebral hemorrhage SEP 8 1935	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
A SAME OF THE SAME			

	infor-
	of
	item
	Every
	RECORD.
BINDING	PERMANENT
OR	4
F	S
SERVED	INK-THIS
ARGIN RESERVED FOR BINDING	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-
	WITH
	PLAINLY,
. No. 1	B.—WRITE
203	ż

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

of OCCUPA-

Exact statement

STATE OF MARYLAND-CERTIFICATE OF DEATH

0	0	C	50	11
11	0	()	0	17

1. PLACE OF DEATH	(130)	
County Oggodoll	Registration Dist. No. 7	3
Village Dr City Ofbarceles		t.,War
Length of rasidence In city of town whera death occurred	(ff death occurred in a horpital or institution, give its NAME instead of street yes	
2. FULL NAME Druma C.	Fulle	
(a) Residence: No.	St., Ward.	
(Usual place of		n and State
PERSONAL AND STATISTICAL PARTIC	CULARS MEDICAL CERTIFICATE OF DEAT	ГН
SEX 4. COLOR OR RACE 5. SINGLE, MARR. OR DIVORCED	(write the word)	, 193 U (Year)
If married, widewed, or diverged	(30)	
(or) WIFE of Second tol	1 HEREBY CERTIFY, That I atte	ended deceased from
DATE OF BIRTH (month, day, and year) Och. 23. 12	859 Nast saw h 2 allva on Grang 8, 1, 19	and the same of th
AGE Years Months Days	If LESS than to have occurred on the date stated above, at 8 4 5 m.	7 - 12
75 9 15	ormin. The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
8. Trade, profession, or particular kind of work done as SPINNER	Metral Inesplanence	Date of one
kind of work done, as SPINNER SAWYER, BDOKKEEPER, etc.	of Chronia Intellited Heple	utes hopk
9. Industry or business In which work was done, as SILK MILL, House SAW MILL, BANK, etc.		
1D. Date deceased last worked at this occupation (month and	in this ation Authority	3da
810.01	Other Contributory Causes of importance:	10
(State or country)	- Office Control	Marken
13. NAME	ast the	
14. BIRTHPLACE (city or town)	Name of operation Date	e of
(State or country) Dunty external	What test confirmed diagnosis? Was ther	
15. MAIDEN NAME TO CONTROL MAIN	23. If death was due to external causes (VIDL ENCE) fill in also the fol	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury	, 19
(State of country) Acceland	Where did injury occur?	16
INFORMANT Las Manchenter M	(Specify city or town, county an Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBL	IC PLACE.
BURIAL, CREMATION, DR REMOVAL Place Manchester July Date 8-	Manner of injury	
" (ned) 111. 1- 8-	Nature of injury	n Ma
UNDERTAKER ACCOUNTY OF THE SECOND OF THE SEC	24. Was disease or injury in any way related to occupation of decease	ur_1_4
FILED aug 10 , 10 35 mrs. 9 9. 3. 2	oner (Signed) Elgas M. Bush	M
If more blanks are needed and	dress State Registrar, 2411 N. Charles Street Baltimore, Requesting U. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis ECEIVED	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SEP 5 1935			
Other contributory causes of importance. S.	and district of the second	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			11111

ADDITIONAL SPACE FOR FURT	THER STATEMENTS BY PHYSICIAN
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RESERVED

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Date of onset	The principal cause of death and related causes	Date of onset
1915	of importance were as follows:  Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
	1921 July 5,1927	1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

	CERTIFICATE OF DEATH 08662
1. PLACE OF DEATH WITHIN CORPORATE LINES	Registration Dist. No. 76
Village or City Westvermaler (II	No. 17 Land St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Y'rank Echs	
(a) Residence: No. / 7 (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 3 Lock 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  ia. If married, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND of mary & Silson	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Nov. 16, 1869	I last saw h Luc aller on Certify 13 ft., 1935; death is said
7. AGE Years Months Days If LESS than	to heve occurred on the dete stated above, at 8 230 m.
67 74 0 -21 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc.	Lascenous X lowark Feb.
Jindustry or business in which	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	
10. Date deceased last worked at this occupation (month and year) occupation (month and year)	
12. BIRTHPLACE (city or town) De ear Weston water	Other Contributory Causes of importance
(State or country) maryland	(Cachellia)
13. NAME Reter & Bason	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
14. BIRTHPLACE (city or town) Landannin (State or country)	Name of operation. Date of
15. MAIDEN NAME Conkensur	What test confirmed diegnosis? Was there an europsy? Was there and europsy?
16. BIRTHPLACE (city or town) Charles	23. If death was due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) Conference (State or country)	Where did Injury occur?
17. INFORMANT WS ary E. & barra (Address) We atminisher rad	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Elsworth em Date Aug 16, 1935	Neture of Injury
19. UNDERTAKER FLBankurd FSM (Address) Westmington mas	24. Was disease or injury in any way related to occupation of doceased?
20. FILED 8 14, 1935 H. Woodword Regisper.	(Signed) (Address) (W. Lyttered woll, he
If more blanks are needed, address State Registrar.	2411 N. Charles Street Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	100
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis Torrer VED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUSEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ARGIN RESERVED FOR BINDING

PHYSICIANS should state Exact statement of OCCUPA. STATE OF MARYLAND—CERTIFICATE OF DEATH 08663

(3.S. 2 toop)

1. PLACE OF DEATH	(23)
County Carroll	Registration Dist. No.
Village or City Sykesville	No. Springfield State Hospistal Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred27_yrs,_	6_mos5_ds. How long in U.S. if of foreign birth?rsmosds.
2. FULL NAME Thomas H. Gudgeon (a) Residence: No. Sparrows Point, Ma	ryland.st, Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULA	RS MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, W OR DIVORCED (write the Single)	the word)  21. DATE OF DEATH August 25, 1935  (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY. That I ettended deceesed from August 12,, 19 35, to August 25, 19 35.
6. DATE OF BIRTH (month, day, and year) March 9, 1864	l last saw hIM alive on August 25,, 19.35; death is said
61 5 16 1day,	to heve occurred on the date stated above, et. 10:40m.p.m.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  Pulmonary Tuberculosis  Date of enset
12. BIRTHPLACE (city or town). Unknown (State or country) Maryland  13. NAME Thomas H. Gudgeon  14. BIRTHPLACE (city or town). Unknown (State or country) Maryland  15. MAIOEN NAME Ruta A. Corn  16. BIRTHPLACE (city or town). Unknown (State or country) Maryland	Other Coatributory Causes of Importance:  Name of operation 1 exam. & Lab linds Whet test confirmed diagnosis? Was there an autopsy? No  23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide? Date of injury 19.  Where did injury occur?
19. UNDERTAKER Ax Sander Sans (Address) 17/0 French Ll 20. FILED LL 16 1935 CHarry 16	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE  Manner of Injury  Nature of injury  24. Was disease or Injury in any way related to occupation of decoased? NO.  If so, specify  (Signed)  (Address)  M. D.  Resistrar.  (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

ż

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Example I	-13	Example II	
The principal cause of death and related cause of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis SEP 4 1935	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5, 1927	Peritonitis	3 days ago
	J		
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:	
- Career Control	May 1,1325	Tusii denteritus	1 year
			X T Y F

AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

### STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH			[13]	
County Carroll	) <del></del>		Registration Dist. No. 7/	
Village or City Z	ood		No	Ward
Length of residence In city or town where d	feath occurred/		death occurred in a hospital or institution, give its NAME instead of street and nuds. How long in U.S. if of foreign birth?mos	
2. FULL NAME Mur	1 Eck	er Ha	inle	
(a) Residence: No.	1		St.,Ward.	
	(Usual place		If nonresident give city or town and S	itate
PERSONAL AND STATISTI  3. SEX 4. COLOR OR RACE			MEDICAL CERTIFICATE OF DEATH	
Fende White	OR DIVORCED	RIED, WIDOWED, O (write the word)	21. DATE OF DEATH  (Month) (Day)	193 5 (Year)
5a. If married, widowed, or divorced HUSBAND of Lewis L. Ho	aine		1 HEREBY CERTIFY. That I attended do	2 4 /
6. DATE OF BIRTH (month, day, and year)	110 2	1860	Hast saw hely alive on allegent 126 1525:	4., 19.3.5
7. AGE Years Months	Days	If LESS than	to have occurred on the date stated above, at 1.45 P.m.	00011113 3810
)4 /1	29	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as fallows:	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	rone	Vieneseallille	artino - Schrisia	Data of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc			Brencho - Smulmonis	7-29-3
10. Date deceased last worked at this occupation (month and year)	11. Total ti spen occu	me (yeers) It in this pation		
12. BIRTHPLACE (city or town) Them (State or country)	Windso		Other Contributory Causes of importance:	
13. NAME Solomon	S. Ecke	r		
13. NAME John 14. BTRTHPLACE (city or town). NEW. (State or country)	Wine	lsor	Name of operation Date of	. 77 .
15. MAIDEN NAME LITTE	B. PM	·le	What test confirmed diagnosis? Was there an au  23. If death was due to external causes (VIOL ENCE) fill in also the following:	topsy? J. E. Q.
15. MAIDEN NAME Letter  16. BIRTHPLACE (city or town) 7 2 de	rek co		Accident, suicide, or homicide?	19
(State or country) mar	yean,	d	Where did Injury occur?	
17. INFORMANT Juseful !	Haine	)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLAC	DE.
18. BURIAL, CREMATION, OR REMOVAL Place Trunwood & Com	- Date Osca	e 4 ,1935~	Manner of injury	
19. UNDERTAKER THB carkas (Address) Westmins	rel + 50	<i>y</i>	24. Was disease or injury many way felated to occupation of deceased?	no.
20. FILED aug. 4- , 1925 Man	guet R.	Esiglar.	(Signed) Pur windstan)	mo

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	1	Example II		
The principal cause of importance were Arteriosclerosis	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago	
Chronic interstitial ne	phrilis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	SEP 4 1935	July 5, 1927	Perilonilis	3 days ago	
	BUREAU V.S.				
Other contributory	eauses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	ľ

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

N. B.—WRITE PLA

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

JRD. Every item of infor-

STATE	OF	MARYI	AND-	CERTIFI	CATE	OF	DEATH
SIAIL	OF	MARIL	AIYU -	CLIVIII	CAIL		DLAID

0	8	6	6	5	
	~		-		

1. PLACE OF DEATH		(131)		
County Cauall		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	Registration Dist. No.	74
Village or City Siskesville		No.	St.,	Ward
Length of residence in city or town where death occurred		death occurred in a norphator manu	mon' Sixc as tawaistic lusterd of street Si	nd number)
00	blades	. /		-M05
2. FULL NAME Clara Co.	region	If U.S. Veteran specif	fy WAR.	
(a) Residence: No. (Usual place of	f abode)	St., Ward.	If nonresident give eity or town	and State
PERSONAL AND STATISTICAL PARTIC		MEDICAL C	ERTIFICATE OF DEATH	
	IED, WIDOWED,	21. DATE OF DEATH	8 /9 (Month) (Day)	, 193 5
5a. If married, widowed, or divorced HUSBAND of				(Idai)
(or) WIFE of tea Neperse	N	22. I HEREBY	CERTIFY, That i attend , 19-35, to 8	ed deceased from
6. DATE OF BIRTH (month, day, and year) June 2	1866		8 - 18 193	
7. AGE Years Months Days	If LESS than	to have occurred on the date state		122,00000000000000000000000000000000000
69 2 17	1 day,hrs. ormin.		TH and releted ceuses of importance	- 6
8. Trade, profession, or particular	4	were estollows.		Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		Uremia		7/22/3,
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and				
10. Date deceased last worked at this occupation (month and spent	ne (years) t in this	٨		
	petion	Other Contributary Causes of Impo	netanea	
12. BIRTHPLACE (city or town)		1		
(State or country)		Carllis varcular	Renal deserva	Quit 31
13. NAME COLUMN	w	Chimin V.	ephretis	
14. BIRTHPLACE (city or town)		Name of operation	Date of	
(State of country)	4 4 4 - 4 /	What test confirmed diegnosis? M.	PM, Creatini Westhere a	an autopsy?_No.
1 15. MAIOEN NAME allanda In	wien	23. If death was doe to external cau	uses (VIOLENCE) fill in also the follow	ving:
15. MAIOEN NAME Autourda M		Accident, suicide, or homicide?	Date of injury	, 19
(State or country)		Where did injury occur?	(Specify city or town, county and S	State)
17. INFORMANT ALLS A. E. Ruelle (Address)	Wit.	Specify whether injury occurred in	n INDÚSTRY, in HOME, or in PUBLIC	PLACE.
18. BURIAL, CREMATION, OR REMOVAL	. 21/20	Menner of injury		
Of Plece Date Date	7: 1907	Nature of injury		
19. UNDERTAKER HELV Some &	me.	24. Wes disease or injury in any w	ay related to occupation of deceased?.	No
(Address) sykesville w	ld.	if so, specify		
20. FILED LUY 19 1935 CHALLY	feer	(Signed)	nestant	м.р.
	Registrar.	(Afgress)	defamiles	- lad

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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	Example I	-7	Example II	
The principal cause of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	CFP 4 1035	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory ca	uses of importance:		Other contributory causes of importance:	4.8
Gallstones		May 1,1923	Gastroenteritis	1 year
				Q.P.
			. 4 2 0	

V. S. No. 1

state	1. PLACE OF
of uld	CountyC
should of OCC	Village or Cit
ry i	Length of reside
Eve MAI	2. FULL NAM
RD.	(a) Residence
P.H.	PERSONA
T RI L Y. Ex	Male
IS A PERMANENT RECORD. Every item of inforstated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPAcertificate.	5a. If married, widowe HUSBAND of (or) WIFE of
ERN EX cl	6. DATE OF BIRTH (m
IS A PER tated E ? properly o	7. AGE Years 75
WITH UNFADING INK-THIS IS efully supplied. AGE should be st in plain terms, so that it may be put. See instructions on back of cell int.	8. Trada, profess kind of wo SAWYER, to 9. Industry or but work was SAW MILL 10. Data deceased this occupyear) A.D.
NFADING oplied. AC erms, so th instruction	12. BIRTHPLACE (city (State or count
NF/ plie rms rms	当 13. NAME Ja
ITH UNFAL illy supplied plain terms, t. See instru	14. BIRTHPLACE (State or c
WIT efull in pl	15. MAIDEN NAM
LY, e care ATH i	16. BIRTHPLACE (Stata or o
PLAINLY, thould be care OF DEATH ivery importa	17. INFORMANT Re
n sho SE OI	19-BURIAL, CREMATI
.—WRITE mation s CAUSE TION is	19. UNDERTAKER (Address)
z T	20. FILED Trey,

1. PLACE O		OF MAR	RYLAND—	CERTIFICATE OF DEATH 0	8666
	Carroll			Device to the No.	74
C. January 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				Registration Dist. No.	
Village or	City Dykesvil	re, mar	yrand	No. Springfield State Hospistal  death occurred in a hospital or institution, give its NAME instead of street and	ward Ward
	sidenca in city or town whera		yrsOmos	27 ds. How long in U.S. if of foreign blrth?yrsm	
2. FULL NA	MEWalter Ta	ylor Hi	11		10004
				mberlandy Maryland.	
(u) Nooluç		(Usual piac		If nonresident give city or town and	d State
	NAL AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
Male	4. COLOR OR RACE White	s. single, MA	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH August 22nd, 1935.	_, 193 (Year)
ia. If married, wido HUSBAND of (or) WIFE of	wed, or divorced			May 6, 1 HEREBY CERTIFY, That I attended May 6, 1935 to August 22,	daceased from
. DATE OF BIRTH	(month, day, and year)	DN. 12	1 1859	Hast saw h. im aliva on August 22, 1935,	; death is said
7. AGE Ye	ears   Months	Days	If LESS than	to have occurred on the date stated above, at 1:50 p.m.	
7	5 9	5	1 day,hrs. ormin.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Trada, prof	ession, or particular				
SAWYE	work dona, as SPINNER, CR, BOOKKEEPER, etc.			General Arteriosclerosis	Prior
9. Industry of work w	business in which as done, as SILK MILL, TO	bacco	n		o Feb.
10. Data decea	ILL, BANK, etcsed last worked at upation (month and DOUT1933	11. Total sp	time (yaars) ant in this upation _ Unk		
12. BIRTHPLACE (d	Cambon	land		Other Contributory Causes of Importance: Broncho-pneumonia	8/21/
	untry) Maryland		~~~~~~~~~~~~	- DI Onomo photamonia	0/ ~1/
	ames Hill				
Ľ	E (city or town) Unkn	own		Name of operation None Data of	
(State	or country) Englan	đ		Name of operation NONE Physical exams and laboratory What test confirmed diagnosis?	autopsy? No
15. MAIDEN N	AME Emily Pon	sford		23. If death was due to axternal causes (VIOL ENCE) fill in also the followin	g:
16 BIRTHPLAC	E (city or town) Unkn	own		Accident, suicide, or homicide? Date of injury	, 19
E (Stata	or country) Englan	d		Whera did injury occur?	
17. INFORMANT R (Address)	n	ipgital	d State	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	LACE,
ROSE CREMA	HANGER MANDE	Maryla L Date	126,1930	Manner of injury	
19. UNDERTAKER (Address)	John On	Hooly	ord.	24. Was disease or injury in any way related to occupation of deceased?	No
20. FILED THE	1, 22,19 35 Q	Harry	Heev Registrar,	(Signad) Chan X. Schusselle	M. D.

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Example L		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis  SEP 4 1955	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis SUREAU V. S.	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		,	

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY

PHYSICIANS should state

stated EXACTLY. properly classified. E

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

19. UNDERTAKER

(Address)

Winfield . Md

mation should be carefully supplied.

certificate.

See instructions on back of

of OCCUPA-

Exact statement

	County Carr County Carr Village or City nea Length of residence in cit	rnoll ar Freed by or town where d Louise	lom,	R.F.D. (If 16 yrs. 4 mos	Registration Dist. No. 83  Sykesville. St., Ward of death occurred in a horpital or institution, give its NAME instead of street and number) and s. How long in U.S. if of foreign birth? yrs. mos. ds.  St., Ward.		
-	PERSONAL ANI				If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH		
	SEX 4. COLOR Female Wh	r or race	5. SINGLE, MAR OR DIVORCE	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH  August 7  (Month) (Day) (Year)		
*** WIFE of Harvey M. Houck  6. DATE OF BIRTH (month, day, and yeer) 1894-6-9					22. I HEREBY CERTIFY, Thet I attended deceased from		
7. /	AGE Years 41 8. Trade, profession, or pa	Months	Days 28	If LESS than 1 day,hrs. ormin.	ware as follows:		
OCCUPATION	s. Industry or business in SAWYER, BOOKKEEF  Journal of Sawyer or business in work wes done, es SI SAW MILL, BANK, et al. Date deceased last work this occupetion (mon year)	es SPINNER, PER, etc which ILK MILL, tc tked at 7/14	4/35. Total ti	ife	South in Shead.		
12.	BIRTHPLACE (city or town) (State or country)	Carro			Other Contributory Causes of importance:		
2	13. NAME Wa.	lter Eng					
FATH	13. NAME Walter Engel 14. BIRTHPLACE (city or town) Carroll Co. (Stete or country) Maryland.						
ER.	15. MAIDEN NAME	Irene M		h.	23. If death was due to external causes (VIOL ENCE) fill in elso the following:		
MOTHER	16. BIRTHPLACE (city or tow (State or country)	Mary	oll Co. land.		Accident, suicide, or homicide? Suiside. Date of Injury frag. 7, 1935		
	(AddressR F D BURIAL, CREMATION, OR RE	-New Wi	ndsor, M		Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.  Manner of injury.  Manner of Injury.		

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Registrar.

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Example 1		Example II	
The principal cause of death and related cause of importance were as follows:	S Date o onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis SFP 0	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	S. July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		E est a deservi	

V. S. No. 1

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 08668		
1. PLACE OF DEATH			
County Carroll	Registration Dist. No. 74		
Village or City Sy Kes will. Spring free	of Sociale Herfulat St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number)		
Length of residence In city or town where death occurredyrsm	os. 30 ds. How long In U.S. if of foreign birth?yrsmosds.		
(a) Residence: No Juin Mill Masley (2100 Rd. (Usual place of abode)	F - Fer dinaged mhoff in Ashl St. Ward.  If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  While Underween	21. DATE OF DEATH  (Month) (Day) (Year)		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  Machine Lawriska	22. I HEREBY CERTIFY, That I attended deceased from  1938, to August 14, 1985		
6. DATE OF BIRTH (month, day, and year) Unf. Unk 1879	I last saw h. alive on august 16		
7. AGE Yeers Months Days If LESS then 1 day,hr	to have occurred on the date steted above, at		
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Cancer of stomach link		
year) occupation  12. BIRTHPLACE (city or town) Is alluming	Other Contributory Causes of Importanca:		
(State or country)  13. NAME Mathew Import	- Broneho parenmonia 9:13.34		
13. NAME Mathew Imports  14. BIRTHPLACE (city or town) Ballennoe (State or country)	Name of operation Data of What test confirmed diagnosis Lake Lakes phayes Spread bere an ad opsy?		
15. MAIDEN NAME Agnes Leachly 16. BIRTHPLACE (city or town) Fallumon (State or country)  17. INFORMANT Hospital Records	23. If death was due to external causes (VIDLENCE) fill in also the following:  Accident, suicide, or homicide?		
(Address) 5.5. Hosp, 5 years will, MIX  18. BURIAL, CREMATION, DR REMOVAL  PARTY 1971  Date 1991  1971	Manner of injury		
19. UNDERTAKER Milliane Cook (Address) Halliane Will.	24. Was disease or injury in any way related to occupation of deceased?   If so, specify  (Signed) John L. William M. D. M. D.		

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Example I		Example II	
The principal cause of death and related caus of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1595	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis SEP 4	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V	S. July 5, 1927	Peritonitis	3 days ago
BORG			
Other contributory causes of importance:		Other contributory causes of importance:	h dig
Gallstones	May 1,1923	Gastroenteritis	1 year
		•	
			P-1900 S. S.

This balunt	was handful from life !	broketal Balting Med under
the name of &	ederick Motoff no info	Japila Baltinen Med under inalien craft is oftened from palet names Leadinand lankoff is hisperter names
We have been	assured of the family that,	Leadinand Toukoff in higherter manes
		The state of the s

AGE should be stated EXACTLY.

certificate.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

TION is very important. See instructions on back of

PHYSICIANS should state

Exact statement of OCCUPA.

STATE OF MADVI AND CEDTIFICATE OF DEATH

1. PLACE OF DEATH Maryland Tuberculosis Sanatorium	08669
County Carroll Colored Branch (23) Registration	Dist. No. 74
Village or City Henrytono Maryland.  No.  (If death occurred in a horpital or institution, give its NAM Langth of residence in city or town where death occurred over the country of the c	St., Ward
2. FULL NAME Christine Johnson WAR SER	VICE - NONE
(a) Residence: No. Reisterstown, Baltimore Cosunty, Wardryland. (Usual place of abode)  [If nonresident	give city or town and State
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE	OF DEATH
Female Colored Single 5. Single, Married, Widowed, Or Divorced (write the word) 21. DATE OF DEATH August 3	, 1935 , 193 (Yaar)
5a, If married, wildowed, or divorced	Y. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Jan., 29, 1917 I last saw h er alive on Aug., 3,	1935, 19 ; death is said
7. AGE Years Months Days If LESS than to have occurred on the date stated abova, et 5.0	
18 6 5 I day,hrs. The PRINCIPAL CAUSE OF DEATH and related cause were as follows:	
8 Trade profession or particular Pillmonary Tiphercullo	Sis Date clonset May
kind of work done, as SPINNER, DOMOSTIC SAWYER, BOOKKEEPER, etc	1935
Andustry or business in which work was done, as SILK MILL, General Housework	
U 10. Date deceased last worked at	
year) Unidiown Unladapwon	
12. BIRTHPLACE (city or town) Reisterstown, (State or country) Maryland.	
14. BIRTHPLACE (city or town) Port Tobacco, Name of operation.	Dete of
what test confirmed diagnosis?	Was there an autopsy?
23. If death was due to axternal causes (VIOLENCE) fi	
I6. BIRTHPLACE (city or town) Reisterstown Accident, suicide, or homicide? Accident, suicide, or homicide? Where did injury accur?	Date of Injury
(Speakly sites as	town, county and State)
17. INFORMANT John E. O'Neill, M. D., Specify whether injury occurred in INDUSTRY, in HO (Address) Henryton, Maryland.	OME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	-
Place Date Date Alego 2-, 1935 Natura of Injury	
19. UNDERTAKER  (Address)	pation of deceased? NO
20. FILED 19 Deputy Local Registrar. (Address) Thus (O	OMarce M.
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No.	eresta va ke in d

V. S. No. 1

N. B.

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
3c P	14		
0 010 4			
Other contributory causes of importance:	Pa	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		•	
			1

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1. PLACE OF DEATH		
county Carroll		Registration Dist. No.
Village or City Weatminste	<u></u>	No. Colonial are St., Wa
Length of residence In city or town where death occurre		death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long In U.S. If of foreign birth?
2. FULL NAME John Ge	Mas N	lee The
(a) Residence No. Colonial	lave -	St., Ward.
(Usua PERSONAL AND STATISTICAL PA	A DT: CILL A DC	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
	E. MARRIED, WIDOWED,	21. DATE OF DEATH
	VORCED (write the word)	aug. 5 , 193 5
5a. If married, widowed, or divorced HUSBAND of	orcea	(Month) (Day) (Yeer)
(or) WIFE of Elsie Bruning	Stlee	22. I HEREBY CERTIFY, That I altended deceesed fr
6. DATE OF BIRTH (month, day, end yeer) Nov	15-1871	I last saw h elive on aug. 40, 19.31; deeth is si
7. AGE Years Months Day	ys If LESS than	to have occurred on the data stated above, alm.
63 9 2	1 dey,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Return SAWYER, BOOKKEEPER, etc.	ind	Caremana ) Stomary about
SAWYER, BOOKKEEPER, etc.		04.71
SAW MILL, BANK, etc	rer	
10. Data deceased last worked at this occupation (month end year)	Total tima (years) spent In this occupation	
12. BIRTHPLACE (city or town)	the san'llo	Olher Contributory Causes of importance:
(State or country) marylar	nd_	
13. NAME John Ble	e.	
14. BIRTHPLACE (city or town) Hessen dle	armstadt	Name of operation Dale of Dale
(Stele of country) Terman	SI'+	What test confirmed diegnosis? Classical Was there an autopsy?
15. MAIDEN NAME Mary Elva O 16. BIRTHPLACE (city or town) Catonana	800	23. If death was due to external causes (VIOLENCE) fill in elso the following:  Accident, suicide, or homicide?
(Stele or country) Mary Lan	d	Where did injury occur?
17. INFORMANT mrs Elsie II	Le	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Westwanter  18. BURIAL, CREMATION, OR REMOVAL	- md	
n + +	aug 7 , 1935	Nature of injury
19. UNDERTAKER HBankard +	-son	24. Was disease or injury In any way related to occupation of deceased?
(Address) Meatinington	mal	If so specify
20. FILED 16 , 19\31 \(\frac{1}{2}\)	wooder	(Signed) CLB uluque M
	Registrar.	(Address) Westweiter, 200

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The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:  Gastroenteritis	1 year
	27 Peritonitis Other contributory causes of importance:

V. S. No. 1

STATE OF	MARYL	AND-	-CERTI	FICAT	E OF	DEAT	H

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2	U	0	()	7	Į.

1. PLACE OF DEATH	11			(35)	W.1
County area	Ly			Registration Dist. No.	74-
Village or City	Resi	elle		No Xpungueld State Son	of a chard
Length of residence In city or town	where death occ	urred 1		death occurred in a horpital of institution, give its NAME instead of street a  13. ds. How long in U.S. if of foreign birth?yrs	
	111		111	1.	
2. FULL NAME	mary	187	caso	Low Ward.	
(a) Residence: No.	(U	sual place of	abode)	ward.  If nonresident give city or town	and State
PERSONAL AND STA	TISTICAL	PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH	1
L. SEX 4. COLOR OR RA fluial white	CE 5. SINC	CLE, MARR DIVORCED	IED, WIDOWED, (write the word)	21. DATE OF DEATH Constant of Coly)	, 193 5 . (Year)
e. If married, widowed, or divorced HUSBAND of (or) WIFE of		_ /		22.   I HEREBY CERTIFY, That I atten	
	1			July 23, 19.34, 10 august	19.3.5
DATE OF BIRTH (month, day, and year		uary	16,1914	Vlast saw h. W. alive on Cugues 1, 19.	رکدگر; death is said
4 /	_	Days /	If LESS than 1 day,hrs.	to have occurred on the date stated above, at 2,27,1m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance	
	3	22	ormin.	were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINN	ER, –	ua	ue.	The state of the s	7-16
SAWYER, BOOKKEEPER, etc 9. Industry or business in which				Gud ARY HA For	919
work was done, as SILK MILL SAW MILL, BANK, etc	.,			and the court	
kind of work done, as SPINN SAWYER, BOOKKEPER, etc  9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month end			t in this	72	
year)	7 17	occup	nation _ +	Other Coutributory Causes of importance:	
2. BIRTHPLACE (city or town)	Men	iace	cely	: :	
1	All	: 0			
14. BIRTHPLACE (city or town)	- fica	lo u			
(State or country)	Itali,	neu	-u-n	Name of operation Date of What test confirmed diagnosis? Was there	1
15. MAIDEN NAME Ving	inia	Cle	exxi	23. If death was due to external causes (VIOL ENCE) fill in elso the follo	
16. BIRTHPLACE (city or town)	M	ulo-	14	Accident, suicide, or homicide? Date of Injury	
(State or country)	Vita	elin	***************************************	Where did injury occur?	
7. INFORMANT Angle (Address)	etal	Keco	uda	(Specify city or town, county and Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC	
8. BURIAL, CREMATION, OR REMOVAL			1	Manner of injury	
Placeffew ather	draf Come	Mul	10.,1935	Nature of injury	
19. UNDERTAKED	01	To the	Indenter.	24. Was disease or injury in eny way related to occupation of deceased	?
20. FILE Sug 7, 1936	asla	uy	Heev Registrar.	(Signed) Many M See	M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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The principal cause of death and related causes		Example II	Zampies
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis  SEP 4 1935	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis BUREAU V.	1921 July 5,1927	Run over by street car	1 week ago 3 days ago
Other contributory causes of importance:			
Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
		~	

V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

TION is very important. See instructions on back of certificate.

STATE (	OF	MARYLAND-	-CERTIFICATE	OF	DEATH	08672
	<b>1</b>	MITTIE	OLIVIII IOMIL			0005

1. PLACE OF	DEATH	Mar		berculosis San			
County	Carroll		Col	ored Branch (23)	Registration Dis	t. No. 74	
Village or City	Henryto		yrs. 7 mos	No.  I death occurred in a horpital or institution of the second of the	ution, give its NAME in	St., stead of street and X X X X X	Ward number)
2. FULL NAM (a) Residence	Elouise	Mills		WAR SERVICE None image, Marryland.  If nonresident give city or town and State			
PERSONA	L AND STATIST	CAL PARTIC	CULARS	MEDICAL C	ERTIFICATE C	F DEATH	
3. sex Female	4. COLOR OR RACE Colored	5. SINGLE, MARE OR DIVORCED SINGLE	RIED, WIDOWED, (write the word)	21. DATE OF DEATH	ugust 27,	1935	, 193 (Year)
5a. If marriad, widowed HUSBANO of (or) WIFE of					Y CERTIFY,	That I attende	d deceased from
6. DATE OF BIRTH (m 7. AGE Years 20	onth, day, and year) Se	pt., 10 Days 17	If LESS then I dey x hrs.	to heve occurred on the dete stat The PRINCIPAL CAUSE OF DEA were as follows:	ted above, at 5.45	4. M.	; death Is sal
9. Industry or bu work was o SAW MILL	ion, or particuler is done, as SPINNER, to OKKEEPER, etc	Domesti eneral H	ousework me (years)	Pulmonary T	uberculos	1.5	July° 1934
12. BIRTHPLACE (city (Stete or count)			•	Other Contributory Causes of imp	oortance:		
13. NAME FT	city or town)	ington, Carolin	a.	Name of operation		Date of	autonsy? No
16. BIRTHPLACE (	Rose Pier Wiln			23. If deeth was due to externel ca Accident, suicide, or homicide?	ouses (VIOLENCE) fill in	e of injury	ng: ,19
(Address)	John E. O'N Henryton, M DN, OR REMOVAL	laryland	0	Specify whether injury occurred  Manner of injury	(Specify city or tov	vn, county and Si	ate) 'LACE.
19. UNDERTAKER LANGUAGE (Address)  20. FILED 8/27/	139 H	anen 30 F	II M	24. Wes diseese or Injury In any If so, specify	Whar 6	O Her	No
Min 6	OZuel Dep			(Address) (ACI)	ryton, Md.		

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Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy &	Date of onset
- 1921	Run over by street car	1 week ago
July 5 1927	Peritonitis :	3 days ago
	ę	
May 1,1923	Other contributory causes of importance:	1 year
		1 godi
	1915 - 1921 July 5 1927	of importance were as follows:  Attack of epilepsy .  1921 Run over by street car  July 5 1927 Peritonitis  Other contributory causes of importance:

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V. S. No. 1

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 08673
PLACE OF DEATH  County Carroll	Registration Dist. No.
Village or City_Sykesville  Length of residence In city or town where death occurred 2 yrs. 1 mos  FULL NAME Angela Mocci  (a) Residence: No. Union Bridge, Maryland.  (Usual place of abode)	No. Springfield State Hospistal Ward f death occurred in a horpital or institution, give its NAME instead of street and number).  27 ds. How long in U.S. if of foreign birth?  28 yrs. Unknos. Unknos.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Narried	21. DATE OF DEATH. August eighth, 1935
f married, widowed, or divorced HUSBAND of (or) WIFE of Barica Mocci	January 29, 1924 to August 8, 1935

2. 3. SE Ma 5e. i 6. DATE OF BIRTH (month, day, and year) Mav Days 7. AGE Yeers Months If LESS than 1 dey, \_\_\_\_\_hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance 49 2 19 or ..... min. were as follows: Date of onset & Trade, profession, or particular OCCUPATION kind of work done, es SPINNER, Laborer SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.\_\_\_\_ 10. Date deceased last worked at 11. Total time (years) this occupation (month and spant in this occupation \_Unk\_\_ Broncho-pneumoni Unknown 12. BIRTHPLACE (city or town) (State or country) Siestro Mocci FATHER Unknown None of operation. 14. BIRTHPLACE (city or town) ndin talv (State or country) MOTHER 15. MAIDEN NAMERO ] 23. If death wes due to externel causes (VIOLENCE) fill in also the following: Unknown 16. BIRTHPLACE (city or town) (State or country) Stat Specify whether Injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE (Address) Manner of injury Nature of injury (Address) Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I E I V E I	5 11	Example II	2 Carry Pies
The principal cause of death and related causes of importance were as follows: SEP 4 1935  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis RIDEALLY S	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		,	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY I	PHYSICIAN
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AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

V. S. No. 1 N. B.— TION is very important. See instructions on back of certificate.

PHYSICIANS should state

Exact statement of OCCUPA-

# STATE OF MARYLAND—CERTIFICATE OF DEATH

08674

1. PLACE	OF DEATH			23)	m /
County	Carroll			Registration Dist. No.	1/4
	r City Sykesvi.		(If	No. Springfield State Hosps  f death occurred in a hospital or institution, give its NAME instead of stree ds. How long in U.S. if of foreign birth? 54 yrs.	tal Ward
2. FULL N	AME Solomon	Oliver	Nachman		
	lence: No. 932 Whi			Lmore, McWard.  If nonresident give city or tow	vn and State
	NAL AND STATIST			MEDICAL CERTIFICATE OF DEAT	тн
3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MAR OR DIVORCE W1 COWE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH  August 27th  (Month) (Dey)	, 1935 (Year)
HILODANO	Henrietta S	. Nachma	ın	22. I HEREBY CERTIFY, That I att	ended deceased from
			L856.	l lest sew h_1M alive on Aug. 27th, 15 to have occurred on the data steted ebove, at 8:30 P.M.	35 ; deeth is said
,,,,,	79	Deys 19	1 dey,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importence were as follows:	
9. Industry work	ofession, or particular of work done, as SPINNER, SER, BOOKKEEPER, etc	e Equipa		Pulmonary Tuberculosis	Prior to May 2 1935
	(city or town) Mainz			Other Contributory Canses of importance:	
13. NAME J	oseph L. Nac	hma n			
	MOL (City of town)	nknown ermany		Name of operation Physical examination and What test confirmed diagnosis? Wes the	te ofere an autopsy?_NQ
15. MAIDEN	NAME Jeanette	Michael	L	23. If deeth was due to external causes (VIOLENCE) fill in also tha fo	ollowing:
	MOL (GILY OF LOWIF)	nown rmany		Accident, suicide, or homicide? Date of injury	
17. INFORMANT (Address)	Springfield (Hospital R	State Ho	Ospital Sykesyil	Where did injury occur?(Specify city or town, county a Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBL	
	MATION, OR REMOVAL	Date Lu	9 29,1935	Manner of injury	
19. UNDERTAKER (Address)	Said Son	chaire	nd,	24. Was disease or injury in any wey related to occupetion of decees	ed? No
20. FILED TU	9 28, 1905 4	Harry	Meel Registrar	(Signed) has historical	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balfpore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis RECEIVED  Chronic interstitial nephritis	1915	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	1 week ago
Cerebral hemorrhage SEP 4 1935	1921 July 5,1927	Run over by street car  Peritonitis	1 week ago 3 days ago
BUREAU V. S.		The state of the s	
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	<b>STATEMENTS</b>	BY	PHYSICIAN
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V. S. No. 1 N. B.—

5	IAIE	) MAR	YLAND	CERTIFICATE OF DEATH US	6(1)
1. PLACE OF DEAT			-	93-0	,
County Carro	11			Registration Dist. No.	3
Village-er-Gityne	ar More	zan,	R F.D. W	oodbine, Md. St., f death occurred in a horpital or institution, give its NAME instead of street and	Ward
Length of residence in cit	v or town where r	leath occurred	31 vre mo	f death occurred in a horpital or institution, give its NAME instead of street and sds. How long in U.S. if of foreign birth?yrsn	number)
2. FULL NAME			z 342 - y13, 1110.	Syrsyrs.	nosas.
			rgan.Md.		
(a) Residence: No		(Usuai place		St., Ward.  If nonresident give city or town and	d State
PERSONAL ANI	D STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
	or RACE	OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH August. 7.	1025
5e. If married, widowed, or divor		VV .	Ldower	(Month) (Day)	(Year)
HUSBAND of		beth Ot	t. <del>+</del> .	22. I HEREBY CERTIFY, That I attended	deceesed from
				June ,1932, to aug 2	
6. DATE OF BIRTH (month, day,		1	1	( L	; death is said
75	Months	Deys 4	If LESS than 1 day,hrs.	to have occurred on the date stated above, at 4.8m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance	
9 Trade profession or not		1 4	ormin.	were es follows:	Date of onset
kind of work done, a SAWYER, BOOKKEEP 9 Industry or business in work wes done, es SI SAW MILL, BANK, et 10. Dete decessed lest work this occupation (mone)	s SPINNER, PER, etc		ima (vage)	Eln Myres detis	
this occupetion (mon	th end 8/35	Spe occ	ime (years) 31yr nt in this 31yr upation	3.	
12. BIRTHPLACE (city or town) (State or country)	Baltin			Other Contributory Causes of importance:	30 yroa
II I3. NAME JO	hann Ot				
13. NAME JO	TTanlan			Name of operation Date of Date of	
(State or country)	H			What test confirmed diagnosis? Wes there an	
15. MAIDEN NAME	Unknow	2		23. If death wes due to external causes (VIOLENCE) fill in also the following	
15. MAIDEN NAME  16. BIRTHPLACE (city or tow		•		Accident, suicide, or homicide? Date of injury	7
IT. INFORMANT Mrs. L.  (Address) Lisb	illian			Where did injury occur?  (Specify city or town, county and Statement of the Statement of th	te) .ACE.
18. BURIAL, CREMATION, OR RE	MOVAL	Date Aug.	9. 1935	Manner of injury	
	1- m	Mart		Neture of injury	
19. UNDERTAKER(Address)	Winfiel	d.Md.		24. Was disease or injury in eny wey related to occupation of deceased?	10
20, FILED aug 8 , 19	35 Edi	La M.	Newstran.	(Signed) Thousand Bonbill (Address) Mitairie M	M. D.
U	If more l			2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
2 8 4			
Other contributory causes of importance		Other contributory causes of importance:	
Gallstones 5 3 1	May 1,1923	Gastroenteritis	1 year
1			

V. S. No. 1 N. B.

item of infor-	should state	of OCCUPA-	
-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
ERMANENT R	EXACTLY.	classified. E	·e·
HIS IS A P	be stated	be properly	of certificat
NG INK-T	AGE should	that it may	ions on back
H UNFADI	y supplied.	ain terms, so	See instruct
AINLY, WIT	d be carefull	DEATH in pl	TION is very important. See instructions on back of certificate.
-WRITE PL.	mation shoul	CAUSE OF	TION is very

08676 STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEAT	н	WITEIN CO.		108	1
County	Carro	1	Mare alleger	Registration Dist. No	(a
Village or City	Westn	inster		No. IV . CITUL CIT St.,	Ward
Length of residence in city	t an town when	death assumed	A	death occurred in a horpital or institution, give its NAME instead of street at the second of the se	
		CTITITIAGE COLO			
2. FULL NAME	John Ai	nthony I		If U.S. Veteran specify WAR	
(a) Residence: No		M. Chi (Usual place	arch of abode)	St., Ward.  If nonresident give city or town a	and State
PERSONAL AND	STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
	or race hite	OR DIVORCE	RRIED, WIDOWED, D (write the word) Cried	21. DATE OF DEATH August 3, (Month) (Day)	
5a. If married, widowed, or divord HUSBAND of (or) WIFE of Anna		lizzard		22. I HEREBY CERTIFY, That I attend	ed deceased from
6. DATE OF BIRTH (month, day,	and year)	July 1.	1869	hast faw h alive on any. 2 - 19 &	
7. AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, 4.2.30a.m.	
66	1	2	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8 Trade profession or par	ticular s SPINNER,	retired	1	Labar Cremoin	Sete of onset
9. Industry or business in	which	farmer			<u>V</u>
work was done, as SI SAW MILL, BANK, et	LK MILL.				
10. Date deceased last work this occupation (monty year)		spa spa	time (years) ent in this cupation		
	Carr	oll Cour	ntv	Other Coutributory Causes of importance:	alus
12. BIRTHPLACE (city or town) (State or country)	Mary.			currie organicus	X.yu
or 13. NAME		Polster	r		
13. NAME 14. BIRTHPLACE (city or tow				Name of operation Date o	f
(State or country)	Ma	aryland		What test confirmed diagnosis? Clusical Was there a	
15. MAIDEN NAME  16. BIRTHPLACE (city or tow	Marga	aret By	er	23. If death was due to external causes (VIOL-ENCE) fill in also the follow	
[ 16. BIRTHPLACE (city or tow	vn)			Accident, suicide, or l'omicide? Date of injury	, 19
- 1 (State of Country)		aryland		Where did injury occur (Specify city or town, county and	State)
17. INFORMANT Lester C. Polster			er	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC	PLACE.
		ille, Mo	1.	_	
18. BURIAL, CREMATION, OR RE Place Small W	ood, Mo	d . Date Aug	· 5, <sub>19</sub> 35	Manner of Injury	
19. UNDERTAKER J	Franci	s Reese		24. Was disease or injury in any way related to occupation of deceased?	20
19. UNDERTAKER J. Francis Reese (Address) Westminster, Md.			à.	If so, specify	
20. FILED 773	21/	duo	okword	(Signed) C. J. Bellingsle	M. D
,			Registrar.	(Address) Wlateruller	, red.

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Ex	ample I		Example II	
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Arteriosclerosis	OFP 8 14"	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

m ż

STATE OF	MARYLAND-	-CERTIFICATE	OF DEATH	0867

1. PLACE OF DEATH					W=0 V	
County Carroll			.1		Registration Dist. No. 76	
Village or City Finksburg			irg		NDSt.,	Ward
					death occurred in a horpital or institution, give its NAME instead of street and m	
						31-11-11-11-1
					If U.S. Veteran apecify WAR	
(	a) Residence: No	Fink	(Usual place	of abode)	St., Ward.  If nonresident give city or town and	State
F	PERSONAL AL				MEDICAL CERTIFICATE OF DEATH	
3. SEX		or or race white	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH august 37 4	, 193 5 (Year)
5e. If ma	rried, widowed, or div		1			,
	SBAND of G.	Arthur	Richard	son	22. I HEREBY CERTIFY, That I attended	
6. DATE	OF BIRTH (month, da	ay, and year)	ec. 29,	1881		; death is said
7. AGE	Years	Months	Days	If LESS than	to have occurred on the data stated above, atm.	
	53	7	29	I day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset
OCCUPATION 9.	Trade, profession, or kind of work done SAWYER, BDOKKE	particular e, es SPINNER, EPER, etc	at hom	le		
PAT 9.	Industry or business	in which			01-	100012
3	work was done, es SAW MILL, BANK,		11 Total	ima (vara)	Carermona 5/ rules enos	31 -169
10. Date deceased last worked at this occupation (month and year) spart in this occupation		nt in this				
Jour Jour Jour Jour Jour Jour Jour Jour				potion	Other Coutributary Causes of Importance:	
12. BIRTHPLACE (city or town) Maryland			wland			
		illiam V	0	'An		
E			J. Dill Oy	01	Name of operation Date of	
¥ 14.	BIRTHPLACE (city or (State or country)		rvland		What tast confirmed diagnosis? Was there an a	
<u>در</u> ا	MAIDEN NAME	Matilda		n	23. If daath was due to external causes (VIDL ENCE) fill in also the following	
王					Accident, suicide, or homicide? Date of injury	
N 10.	BIRTHPLACE (city or (State or country)	) Mai	ryland		Where did injury occur?	
17. INFORMANT Niss Alma Shroyer				r	(Specify eity or town, county and Stat Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	e) ACE.
(Address) Finksburg, Md.  18. BURIAL_CREMATION, OR REMDVAL					Manner of injury	100 7 100
Druid Ridge Cem. Date Aug. 30, 1935			n. Date_Aug	30,1935	- Nature of injury	
19. UNDERTAKER J. Francis Reese (Address) O Westminster, Md.					24. Was disease or injury in eny way related to occupation of deceased?	
			9/11	interior	(Signed) 94. M. Slade	M. D.
20. FILE	D. J. J. Z. J.	, 19. J. V	1000	Registrar.	(Address) Penalesolown Ind	
		If more	blanks are needed.		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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T RECORD	Y. PHYS	Exact sta	
ERMANEN	EXACTL	classified.	e.
S IS A P	stated	properly	important. See instructions on back of certificate.
HIS	pe	be	jo
NK-T	plnods	it may	on back
I DNIC	AGE	so that	ctions o
UNFAL	upplied.	terms,	e instru
VITH.	fully s	n plain	Se. Se
ILY, 1	e care	ATH in	nortal
E	P	E	·

TION is very

V. S. No. 1

	CERTIFICATE OF DEATH 08678
Length of residence in city or town where death occurred 40 yrsmos	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? wrs. mos. ds.
(a) Residence: No. Fisherful (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OB RACE OR DIVORCED (write the word) Successful Su	21. DATE OF DEATH  (Year)  25  (Year)
5a. If married, wildowed, or divorced HUSBAND of (or) WIFE of Virginia M. Schaiffr	22. I HEREBY CERTIFY. That i attanded deceased from , 19, to
6. DATE OF BIRTH (month, day, and year) Grag. 16, 1880	I last saw h alive on, 19; death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at 12 mose
55 0 9 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Data deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town) organization.	Coache Vascula des Cordion  Coache Lacase Cuffer  Date of onset  Coache Coache Cuffer  Date of Importance:
(State or country) Pa.	
13. NAME 13. NAME 14. BIRTHPLACE (city or town) Unknown (State or country)	Name of operation
15. MAIOEN NAME Refused Jane Schaffer  16. BIRTHPLACE (city or town) Uniform (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT Rehearen J. Schaffen Ste (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Fruit Stury Date Date 25, 1936	Manner of injury
19. UNDERTAKER J. July Hon (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED \$\frac{1}{26}, 193\square \frac{1}{26} \lefta \frac{1}{2	(Signed herman E, Flangar, Com M.O. (Address)

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows: CEIVED	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis SFP 8 1933	1921	Run over by street car	1 week ago
Cerebral hemorrhage	Juy5,1927	Peritonitis	3 days ago
BUREAU V. S.			3 30
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

	f infor-
1	item o
	Every
	ECORD.
BINDING	PERMANENT R
FOR	IS A
SERVED	INK-THIS 1
ARGIN RESERVED FOR BINDING	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-
•	PLAINLY, V
S. No. 1	B.—WRITE
	z

V. S. No. 1

STATE OF MARYLAND-	CERTIFICATE OF DEATH 08679
1. PLACE OF DEATH	<u> </u>
County Art A	Registration Dist. No.
Village or City Ussam Brage	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of attest and number)
Length of residence in city or town where death occurredyrs	
2. FULL NAME AND HARY	Senselly
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS  3. SEX // S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
or bivorce of currie the word)	(Month) (Day) (Year)
5a. If married, widowed or divorced HUSBAND of (or) WIFE of AA Denseluly	22. JI HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	I last sawh ex alive on 8 - 24 - , 1931; death is said
7. AGE Years Months Days If LESS than 1 day. A hrs.	fo have occurred on the date stated above, af_/O_fm.
O   O   Or/min.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, France Rolling SAWYER, BOOKKEEPER, efc.	Liabeles 242
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9, Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and this programme) as a silk with the same of th	
11. Total time (years) this occupation (month and year)	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or fown)	arteris selevoses 3
(State or country)	arens seem,
14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Dafe of Was fhere an autopsy?
# 15. MAIDEN NAME UN ON A Caplor	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accidenf, suicide, or homicide?
17. INFORMANT O. Senselmen	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
Place Date Fift	Nature of injury
19. UNDERTAKER A Hangley Tongs	24. Was disease or injury In any way related to occupation of deceased?
20. FILED ang 7 6,1935 Lesly 2 11/2010	(Signed) M. D.
Registrar.	(Address) Villan Thy M

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

		Example II	
7		The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
1.	921	Run over by street car	1 week ago
July	5,1927	Peritonitis	3 days ago
May	1.1923	Other contributory causes of importance:	1 year
112.03			1 year
	July	1915 1921 July 5,1927 May 1,1923	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis  Other contributory causes of importance:

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

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should state

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 08680
1. PLACE OF DEATH	(191)
Carretin Carre III	Registration Dist. No. 72.
County Canal	
Village or City July I 1016 (If	NoSt.,Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrsmosds.
Bl. El.	Study
2. FULL NAME // Janklin Colun	n of survey
(a) Residence: No. (Usual place of abode)	St., Ward. //  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH 2)
OR DIVORCED (write the word)	(1119 L) 19335
Male White manual	(Mogth) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of Corp. WIFE	22. I HEREBY CERTIFY That I attended decessed from
(or) WIFE of Clara / Doller Study	aug 15 1935 to Aug 20 1935
E DATE OF BIRTH (month day and year) Chail 215 18 70	I last sawh and elive on Que 20 1, 19 22; deeth is sald
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than	to have occurred on the date steted above, at 4. 45 A W
1 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
63 3   QO   ormin.	were as follows:
Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	1/10 2 day
SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	your son
work was done, as SILK MILL, SAW MILL, BANK, etc	
0 10. Date deceased last worked et 11. Total time (years)	
O this occupation (month end spant in this occupation occupation	
	Other Contributory Rapses of importance: 1 ( ) ( ) ( )
12. BIRTHPLACE (city or town)  (State or country)	prostant 1 miles
	of Murlinger for all
13. NAME A STUDY  14. BIRTHPLACE (city or town) Maryland  (State or country)	Masula Mul Melan 10 f
4 14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis (
15. MAIDEN NAME Ama M. Plumbe 16. BIRTHPLACE (city or town)	6. If death was due to external couses (VIOLENCE) fill in elso the following:
6 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
E (State or country)	Where did injury occur?
my Class Study	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE,
(Address) Littlespin PH, P.B.)	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Piace Alver fun motatellug 22,1935	Nature of injury
Sm fixed & d	24. Was disease or injury in any wey related to occupation of deceased?
19. UNDERTAKER	If so, specify
(Address A) Fill Street Ph	1 11 Man IN III all
20. FILED Queg. 20th., 1935, Calcent Jansers.	(Signed) M. D.
Registrar.	(Address) Journal Control

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting D. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example I		Example II	75-14U
The principal cause of importance were as Arteriosclerosis	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial neph	tis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	SEP 5 1935	July5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory ca	uses of importance:	۳	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

1)	tem of infor-	should state	of OCCUPA-	1
5	NT RECORD. Every i	LY. PHYSICIANS	d. Exact statement of	
OK BINDING	S A PERMANE	tated EXACT	roperly classified	rtificate.
MARGIN RESERVED FOR BINDING	-WRITE PLANALY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
	-WRITE PLANLY, W	mation should be carefu	CAUSE OF DEATH in	TION is very important

N. B.-WRITE PLAN

V. S. No. 1

	Maryland Tub	CERTIFICATE OF DEATH 0	8681
County Carroll	Colo	red Branch (23) Registration Dist. No. 74	
Village or City Henryton, Mc	•		Ward
Length of residence in city or town where death occ	0 5 (Mourredyrsmos	No. St.,  death opecurred in a hospital or institution, give its NAME instead of street and  ds. How long in U.S. if of foreign birth?  WAR SERVICE - NO	number) X NE ds.
(a) Residence: No. 118 S. Lee	St., Cumberl	andt, Allegany Co., Md.  If nonresident give city or town and	d State
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE Colored 5. SIN OR	GLE, MARRIED, WIDOWED, DIVORCED (write the word) Single	21. DATE OF DEATH August 31, 1935 (Month) (Day)	, 193 (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of		Marnch 22, 1935 to Aug., 31,	deceased from
6. DATE OF BIRTH (month, day, and year) March	24. 1913	last saw h im alive on Aug., 31, 1935,9	: death is said
7. AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 2.00 \( \tilde{O} \) \( \tilde{M} \). The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8 Trada profession or particular	101	Pulmonary Tuberculosis	Pate of enset Feb
9 Industry or husiness in which	l work		1935
10. Date deceased last worked at this occupation (month and year)	11. Total tima (years) spent in this Unknown		
12. BIRTHPLACE (city or town) Louisville (State or country) Kentucky	4	Othar Contributory Causes of Importance:	
13. NAME Thomas Henry Tur	ner		
13. NAME Thomas Henry Ture 14. BIRTHPLACE (city or town) Louisvil (State or country) Kentucky	le,	Name of operation Date of What test confirmed diagnosis? Was thara an	NO.
		23. If death was due to external causes (VIOLENCE) fill in also the following	
15. MAIOEN NAME Bettie Briage 16. BIRTHPLACE (city or town) Louisvil (State or country) Kentucky	le,	Accidant, suicida, or homicida?Oata of injury	
John E. O'Neill (Address) Henryton, Man	., M. D.,	(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC P	ite) LACE.
18. BIRAL, CHEMATION, OR REMOVAL	Sefet 13 1635	Manner of Injury	
19. UNOERTAKER Steer Sons (Address) Separate	Ine.	24. Was disease or injury in any way related to occupation of decaased?	No
20. FILEO. 0/31/35, 19 June put	Local Registrar.	(Signed) (Address) Menryton, Maryland	« 'M. D.
	re needed Address State Registrar		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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935 1915 1921 July 5, 1927	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  Run over by street car	Date of onset  1 week ago 1 week ago
921	Run over by street car	
1921		
July 5.1927		
1 11 11 11 11 11	Peritonitis	3 days ago
	•	
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	May 1,1923	

PHYSICIANS should state

stated EXACTLY.

AGE should be

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

-WRITE PLA

properly classified.

of OCCUPA-

Exact statement

# STATE OF MARYLAND—CERTIFICATE OF DEATH

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U	8	0	0	4

1. PLACE OF DEATH		201.9		
County Carroll	******		Registration Dist. No	74
Village or City Gattleen		NoNo	S1	t.,Wa
		death occurred in a hospital or institutio	on, give its INAME instead of street	t and number)
Length of residence In city or town where de	ath occurredyrs,mos		1111151	
2. FULL NAME MAYOU	own	If U.S. Veteran specify	WAR	
(a) Residence: No.	(Usual place of abode)	St., Ward.	If nonresident give city or tow	m and State
PERSONAL AND STATISTIC		MEDICAL CE	RTIFICATE OF DEAT	
	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	1	4
Male Col.	OR DIVORCED (write the word)		(Month) (Day)	7 193 (Yeer)
ia. If married, widowed, or divorced HUSBANO of (or) WIFE of	ukuowu	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE OW	CERTIFY, That I atte	
DATE OF BIRTH (month, day, and year)	Musical	I last saw h elive on	19, to	, 19 ; death is s
. AGE Chipperne Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated	above, al 2,34m.	
30 40	ormin.	The PRINCIPAL CAUSE OF DEATH were as follows:	and related causes of importence	Oate of on
8. Trade, profession, particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Luk.	Radio	not his	
SAWYER, BOOKKEEPER, etc		Nipay Nev	J. B. JAN	W
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occuration (month and		Voacco 5-0	ON TWALL	(A.£
10. Date deceased last worked at this occupation (month and	11. Total time (years) spent in this	· · · · · · · · · · · · · · · · · · ·		
year)	Occupation	Other Coutributory Causes of Import	tance:	
2. BfRTHPLACE (city or town)	~~~~~			
(State or country)	Lowel			
13. NAME	www			
(State or country)		Name of operation	117	
	Kusion	Whet test confirmed diegnosis?	Was the	
		23. If death wes due to external ceuse Accident, suicide, or homicide	in diente:	1.1.00 2
(State or country)	yenow	Where did injury occur?		ld.
7. INFORMANT		Specify whether injury occurred in	(Specify city or town, county ar	nd State) IC PLACE.
(Address)		Kailroad		
& BURIAL, CREMATION, OR REMOVAL	Oat Luy 29 , 1935	Manner of injury	revered	
A. I	1330			
19. UNOERTAKER	ou mu	24. Was disease or injury in any way	related to occupation of decease	CARONA
(Address)	Level March	(Signed) Vers	chel Ree	LIP
20. FILED 114 7/8 , 19 35 497	any / Fre	(Address)	( carilla)	md:

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
The principal cause of heath and related causes of importance were as follows:  Arteriosclerosis  Chronic interstitial nephritis  Cerebral hemorrhage	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  Run over by street car  Peritonitis	1 week ago 1 week ago 3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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state

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PHYSICIANS

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19. UNDERTAKER

(Address)

20. FILED 8/27/35

WRITE

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item

CORD.

OCCUPA-1. PLACE OF DEATH Maryland Tuberculosis Sanatorium County Carroll Colored Branch (23) Registration Dist. No. 74 Village or City Henryton, Md. (If death occurred in a hospital or institution, give its NAME instead of street and number)

105. 29 ds. How long in U.S. If of foraign birth? Langth of residence in city or town whera death occurred\_\_\_\_\_ statement Annie Maria Warren 2. FULL NAME Berlin, Worcester Co., Magylandward (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) August 27, 1935 Female Colored Married 5a. If married, widowed, or divorced HUSBAND of HEREBY CERTIFY. That I attended deceased from Isaac Henry Warren (or) WIFE of March to Aug., 27, aliva on Aug. 27, 1935, 6. 1886 certificate. 6. DATE OF BIRTH (month, day, and year) Sept. properly to have occurred on the date steted above, at 6.30 P 7. AGE **Yaars** Months Days If LESS than 1 day, \_\_\_\_\_hrs The PRINCIPAL CAUSE OF DEATH and related causes of importance 48 or XXXXXXX were as follows: Pulmonary 8. Trade, profession, or particular Tuberculosis OCCUPATION kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.\_\_\_ Housewire 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.\_\_\_\_\_ may back On 10. Date deceased last worked at 11. Total tima (years)
spent in this this occupation (month and Unkerentin ---instructions Berlin 80 12. BfRTHPLACE (city or town). Maryland. (State or country) in plain terms, FATHER George Littleton Fossett Berlin. See Name of operation. 14. BIRTHPLACE (city or town) Maryland. (State or country) What test confirmed diagnosis?. MOTHER Annie Purnell. important. 15. MAIDEN NAME 23. If deeth was dua to axternel causas (VIOLENCE) fill in also the following: Newark Accident, sulcide, or homicide?\_ OF DEATH 16. BIRTHPLACE (city or town) (State or country) Maryland Where did Injury occur?\_ (Specify city or town, county and State) O'Neill Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. 17. INFORMANT very (Address) Maryland. 18. BURIAL, CREMATION, OR REMOVAL Manner of injury S CAUSE NOIL Nature of Injury

Secur Son

Local

Deputy

108W worder ones & Balloned If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

24. Was disease or injury in any way related to occupation of deceased?

(Address) Henryton Md.

STATE OF MARYLAND—CERTIFICATE OF DEATH

(Year)

Date of onset

Sept

1933

Was there an autopsy 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I VE	2 // 0	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	of importance were as follows:	Date of onset
	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1.121	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU	July 5,1927	Peritonitis	3 days ago
		<b>,</b> 14-3 (14)	
04		6 - C - C - C - C - C - C - C - C - C -	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		e - 1814	- 300

ADDITIÖNAL SPAC	E FOR FURTHER	STATEMENTS BY	PHYSICIAN

AGE should be stated EXACTLY. PHYSICIANS should state

See instructions on back of certificate.

Exact statement of OCCUPA-

STATE (		YLAND-	CERTIFICATE OF DEATH	08684
Connell	Ma.	Cos		
County	No med	- m d	Registration Dist. No. 74	
Village or City Henryton  Length of residence in city or town where	destherward	(1	No. St., f death occurred in a hospital or institution, give its NAME instead of street a s. How long in U.S. If of foreign birth?	ward number)
17400 (		Countee		- None
2. FULL NAME			THE CELL OF	
(a) Residence: No. 2020 Di	(Usual place	of shode)	Balstimore Ward Laryland.  If nonresident give city or town	and State
PERSONAL AND STATIST			MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE Colored	S. SINGLE, MAR	RIED, WIDOWED, ) (write tha word)	21. DATE OF DEATH August 5, 193	5 , 193
5a. If marriad, widowad, or divorced	1 0-		(Month) (Day)	(Year)
HUSBAND of (or) WIFE of		Tell Committee	July 22, 1935 Aug., 5	ded deceased from
6. DATE OF BIRTH (month, day, and year)	uly 21,	1920	I last saw her alive on Aug., 5, 1935	2; death is said
7. AGE Yaars Months	Days	If LESS than	to have occurred on the data stated above, at 6.45 m.	
15   0	15	ormin.	were as follows:	Pateofeneet
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	Scholar  11. Total ti	me (years) nt in this pa@W 11	FulmonarybTuberculosis	1935
12. BIRTHPLACE (city or town) Atlan (Stata or country) New J	tic City		Other Contributory Causes of importance:	
E 13. NAME Nathaniel W	ilson,		_	
of 1 14. BIKTHPLAGE (CITY OF TOWN)	timore, yland.		Name of oparation Data of What test confirmed diagnosis? Was there	of an autopsy O
# 15. MAIDEN NAME Elizabet	h Smith,		23. If death was dua to external causas (VIOLENCE) fill in also the follow	wing:
	yland.		Accident, sulcide, or homicide? Date of injury  Whera did injury occur? (Specify city or town, county and	
17. INFORMANT John E. O'N (Address) Henryton			Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC	PLACE.
18. BURIAL, CREMATION, OR REMOVAL	4 Date 77	P	Manner of Injury	
19. UNDERTAKER 17.00 19. (Addrass) 17.00 19. (Addrass) 17.00 19. (Addrass) 19. (Addras	interior	ejav.	24. Was disaase or injury In any way related to occupation of dacaasad?  If so, specify  (Signad)	NO M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

land.

Registrar.

Local

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	• 1-1-1	0)
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1	
	1915 1921 July 5,1927	1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis  Other contributory causes of importance:

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state

stated EXACTLY.

AGE should be

Exact statement of OCCUPA-

TION is very important. See instructions on back of certificate.

## STATE OF MARYLAND-CERTIFICATE OF DEATH

0	0	0	1	2 wr	
U	0	U	3	5	

1. PLACE OF DEATH		48)	
County Carrall		Registration Dist. No.	74
Village or City	(II	No. Secure Keels Steel Name instead of street and death occurred in a horpital or institution, give its NAME instead of street and death occurred in a how long in U.S. if of foreign birth?  yrs.	d number)
1	// //		
2. FULL NAME A acceptance: No. /2	(Usual place of abode)	Ward.  If nonresident give city or town as	nd State
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH	10 Diale
S. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	7, 193 5 (Year)
56. If married, widowad, or divorced HUSBAND of (or) WIFE of Charles	d. young.	22. I HEREBY CERTIFY, That I altende	d deceased from
6. DATE OF BIRTH (month, day, and year)	eft. 1, 1877	Alast saw het alive on Aug 49, 1921	death is said
7. AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated abova, at	
8. Trade, profassion, or particular	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	unu	Carcinoma of la	1930
9, Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.		Cervin	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.  9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupetion (month and year)	11. Totel time (years) spent in this occupation		
12. BIRTHPLACE (city or town) Rat (State or country)	Tein see	Other Cuntributery Causes of importanca:	
	Luser		
13. NAME Laure (a)  14. BIRTHPLACE (city or town)	Xaward Camel-	Name of operation Date of	
(Stale or country)	Careland	What test confirmed diagnosis? What test confirmed diagnosis? Was there are	autopsv?
15. MAIDEN NAME Raleas	C. Wilson	23. If death was due to external causes (VIOLENCE) filk in also the following	
16. BIRTHPLACE (city or town) (Stete or country)	ukyana (	Accident, sulcide, or homicide? Date of Injury Where did injury occur?	
17. INFORMANT Had faital (Address) Resul	Recula	(Specify city or town, county and S Specify whathar Injury occurred in INDUSTRY, In HDME, or In PUBLIC F	eate) PLACE.
18. BUBIAL, CREMATION, OR REMOVAL	Date Sefet Z, 1935	Manner of Injury	
19. UNDERTAKEN FURGULLA (Address) Barthur	de cole	24. Was disease or injury in any way related to occupation of deceased?	
20. FILE Lug 30, 1935 C	fary tee	(Signed) March Ill. Ceess. (Address) Representing to	M. D.

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		4	